

**OMB Form No. 1820-0550**  
**Expires – 6/30/2001**

STATE APPLICATION UNDER PART C  
OF THE  
INDIVIDUALS WITH DISABILITIES EDUCATION ACT  
FY 1999, 2000, & 2001

CFDA No. 84-181A

ED Form No. 1 B20-26P

DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION PROGRAMS  
WASHINGTON, D.C. 20202-2732

## ANNUAL STATE APPLICATION UNDER PART C

### TABLE OF CONTENTS

	Page
<u>GENERAL APPLICATION REQUIREMENTS</u>	
A. Definitions .....	4-10
B. Lead Agency .....	11
C. State Interagency Coordinating Council .....	11
D. Public Participation .....	12
E. Equitable Distribution of Resource .....	13
F. Transition to Preschool Programs .....	13
G. Adoption of State Policy .....	15
H. Traditionally Underserved Populations .....	15
I. Services to All Geographic Areas .....	15
J. Annual Performance Report Requirement .....	15
K. Annual Data Collection Report Requirement .....	15
L. General Education Provisions Act .....	15
<u>REQUIREMENTS RELATED TO COMPONENTS OF A STATEWIDE SYSTEM</u>	
I. State Definition of Developmental Delay .....	17
II. Central Directory .....	18
III. Timetables for Serving All Eligible Children .....	18
IV. Public Awareness Program .....	19
V. Comprehensive Child Find System .....	19
VI. Evaluation, Assessment, and Nondiscriminatory Procedures .....	21
VII. Individualized Family Service Plans (IFSPs) .....	24
VIII. Comprehensive System of Personnel Development (CSPD) .....	27
IX. Personnel Standards .....	28
X. Procedural Safeguards .....	32
XI. Supervision and Monitoring of Programs .....	41
XII. Lead Agency Procedures for Resolving Complaints .....	41
XIII. Policies and Procedures Related to Financial Matters .....	43
XIV. Interagency Agreements; Resolution for Individual Disputes .....	45
XV. Policy for Contracting or Otherwise Arranging for Services .....	46
XVI. Data Collection .....	47
XVII. Natural Environments Policies .....	47
<u>APPENDIX</u>	
A. Operational Policies .....	48
B. EDGAR Definitions .....	57
C. Public Notification of opportunity to comment .....	60

## General Application Requirements

## **A. DEFINITIONS (34 CFR 303.5-303.21 and 303.23)**

The State of Missouri has adopted the definitions in 34 CFR 303.5-303.24 of the Part C regulations and selected terms as defined in 34 CFR 77.1 and 74.3 for use in implementing the State's early intervention program.

### Act (34 CFR 303.6)

As used in this part, "Act" means the Individuals with Disabilities Education Act (IDEA). (Authority: 20 U.S.C. 1401 etc.)

### Children (34 CFR 303.7)

As used in this part, "children" means infants and toddlers with disabilities as that term is defined in Sec. 303.16. (Authority: 20 U.S.C. 1472 (1))

### Days (34 CFR 303.9)

As used in this part, "days" means calendar days unless otherwise noted. (Authority: 20 U.S.C. 1471-1485)

### Developmental Delay (34 CFR 303.11):

1. the child, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is functioning at half the developmental level that would be expected for a child considered to be developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age should be assigned for a period of up to 12 months or longer if recommended by the child's primary medical home. The delay must be identified in one or more of the following areas:
  - a. cognitive development;
  - b. communication development;
  - c. adaptive development;
  - d. physical development, including vision and hearing;
  - e. social or emotional development;

### Early Intervention Program (34 CFR 303.11)

As used in this part, "early intervention program" means the total effort in a State that is directed at meeting the needs of children eligible under this part and their families. (Authority: 20 U.S.C. 1471 etc)

### Early Intervention Services (EIS) (34 CFR 303.12)

(a) General. As used in this part, "early intervention services" means services that --

- (1) are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs;
- (2) are selected in collaboration with the parents;
- (3) are provided:
  - i) under public supervision,
  - ii) by "qualified" personnel, as defined in Sec. 303.21, including the types of personnel listed in paragraph (e) of this section,
  - iii) in conformity with an individualized family service plan, and
  - iv) at no cost, unless subject to Sec. 303.520 (b) (3), Federal or State law provides a system of payments by families, including a schedule of sliding fees; and,
- (4) meets the standards of the State, including the requirements of this part.

(b) Natural environment: To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments including the home and community settings in which children without disabilities and their families participate. Natural environments means settings that are natural or normal for the child's age peers who have no disability.

(c) General role of service providers. To the extent appropriate, service providers in each discipline of early intervention service included in paragraph (d) of this section are responsible for --

- (1) consulting with parents, service coordinators, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;

- (2) training parents and others regarding the provision of those services; and,
  - (3) participating in the multidisciplinary team's assessment of a child and a child's family and in the development of strategies and outcomes for the IFSP.
- (d) EIS includes:
- 1) Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.  
Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:
    - a) the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
    - b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
    - c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
    - d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
    - e) training or technical assistance for a child with disabilities or if appropriate, that child's family; and,
    - f) training or technical assistance for professionals, including individuals providing early intervention services, or other individuals who provide services to, or are otherwise substantially involved in the major life functions of individuals with disabilities.
  - 2) Audiology includes:
    - a) identification of children with auditory impairments, using at risk criteria and appropriate audiologic screening techniques;
    - b) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
    - c) referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
    - d) provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
    - e) provision of services for prevention of hearing loss; and,
    - f) determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
  - 3) Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and to enhance the family's capacity to respond to their child's developmental needs.
  - 4) Health Services means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.  
The term includes:
    - a) such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services, and
    - b) consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include services that are:

- a) surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
  - b) purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of drugs for any purpose);
  - c) devices necessary to control or treat a medical condition; or,
  - d) medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for all children.
- 5) Medical Services (only for diagnostic or evaluation purposes) means services provided by a licensed physician to determine a child’s developmental status and need for early intervention services.
- 6) Nursing Services include:
- a) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
  - b) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and,
  - c) administration of medications, treatments and regimens prescribed by a licensed physician.
- 7) Nutrition Services include conducting individual assessments in:
- a) nutritional history and dietary intake;
  - b) anthropometric, biochemical, and clinical variables;
  - c) feeding skills and feeding problems; and,
  - d) food habits and food preferences;
  - e) developing and monitoring appropriate plans to address the nutritional needs of children eligible based on assessment findings; and,
  - f) making referrals to appropriate community resources to carry out nutrition goals.
- 8) Occupational Therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child’s functional ability to perform tasks in home, school, and community settings and include:
- a) identification, assessment and intervention;
  - b) adaptation of environment, and selection and design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and,
  - c) prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.
- 9) Physical Therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
- a) screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction; and,
  - b) obtaining, interpreting, integrating, and providing information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- 10) Psychological Services include:
- a) administering psychological and developmental tests, and other assessment procedures;
  - b) interpreting assessment results;
  - c) obtaining, integrating and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and,

- d) planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training and education programs.

- 11) Service coordination services means assistance and services provided by a service coordinator to an eligible child and the child's family that are in addition to the following functions and activities as defined in 34 CFR 303.22. Service coordination means the activities carried out by a service coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the State's early intervention program.

Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for—

- i. coordinating all services across agency lines, and
- ii. serving as the single point of contact in helping parents to obtain the services and assistance they need.

Service coordination is an active, ongoing process that involves—

- i. assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
- ii. coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
- iii. facilitating the timely delivery of available services; and,
- iv. continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities include—

- i. coordinating the performance of evaluations and assessments;
- ii. facilitating and participating in the development, review, and evaluation of individualized family service plans;
- iii. assisting families in identifying available service providers;
- iv. coordinating and monitoring the delivery of available services;
- v. informing families of the availability of advocacy services;
- vi. coordinating with medical and health providers; and,
- vii. facilitating the development of a transition plan to preschool services, if appropriate or other services.

Employment and assignment of service coordinators—

Service coordinators may be employed or assigned in any way that is permitted under State Law, so long as it is consistent with the requirements of this act. A state's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out, on an interagency basis, the functions and services listed under paragraphs (a) and (b) of this section.

Qualifications of service coordinators: Service coordinators must be persons who, consistent with Section 303.344 (g), have demonstrated knowledge and understanding about infants and toddlers who are eligible under this part, Part C of the Act and the regulations in this part; and, the nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

- 12) Social Work/Counseling Services include:

- a) making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- b) preparing a social or emotional developmental assessment of the child within the family context;

- c) providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parent;
  - d) working with those problems in a child and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and,
  - e) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.
- 13) Special Instruction includes:
- a) the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
  - b) curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
  - c) providing families with information, skills, and support related to enhancing the skill development of the child; and,
  - d) working with the child to enhance the child's development.
- 14) Speech/Language Pathology includes:
- a) identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
  - b) referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and,
  - c) provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- 15) Transportation and Related Costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and related costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible for the program and the child's family to receive early intervention services.
- 16) Vision Services means:
- a) evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
  - b) referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and,
  - c) communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.
- (e) Qualified personnel. Early intervention services must be provided by qualified personnel, including:
- (1) Audiologists;
  - (2) Family therapists;
  - (3) Nurses;
  - (4) Nutritionists;
  - (5) Occupational therapists;
  - (6) Orientation and mobility specialists;
  - (7) Physical therapists;
  - (8) Pediatricians and other physicians;
  - (9) Psychologists;
  - (10) Social workers;
  - (11) Special educators; and,
  - (12) Speech and language pathologists.
- (Authority: 20 U.S.C. 1472 (2))



IFSP (34 CFR 303.14)

As used in this part, “IFSP” means the individualized family service plan, as that term is defined in Sec. 303.340 (b) (Authority: 20 U.S.C. 1477)

Include; Including (34 CFR 303.15)

As used in this part, “include” or “including” means that the items named are not all of the possible items that are covered whether like or unlike the ones named. (Authority: 20 U.S.C. 1484)

Infants and Toddlers with Disabilities (34 CFR 303.16)

- (a) As used in this part, “infants and toddlers with disabilities” means individuals from birth through age two who need early intervention services because they:
- (1) are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:
    - i) cognitive development
    - ii) physical development, including vision and hearing;
    - iii) communication development
    - iv) social or emotional development, or
    - v) adaptive development, or
  - (2) have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.
- (b) The term may also include, at a state’s discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided. (Authority: 20 U.S.C. 1472 (1))

Multidisciplinary (34 CFR 303.17)

As used in this part, “multidisciplinary” means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in Sec. 303.322, and the development of the IFSP in Sec. 303.342. (Authority: 20 U.S.C. 1476 (b) (3); 1477 (a))

Parent (34 CFR 303.18)

Parent means—

- 1) a natural or adoptive parent of a child;
- 2) a guardian, a person acting in the place of a parent (such as a grandparent or step parent with whom the child lives or a person who is legally responsible for the child’s welfare); or,
- 3) a surrogate parent who has been appointed in accordance with 303.406.
- 4) a foster parent—unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the Act if—
  - i) the natural parents’ authority to make the decisions required of the parents under the Act has been extinguished under State law; and
  - ii) the foster parent has an ongoing, long-term parental relationship with the child;
  - iii) is willing to make the decisions required of parents under the Act; and,
  - iv) has no interest that would conflict with the interests of the child. (Authority: 20 U.S.C. 1477)

Policies (34 CFR 303.19)

- (a) As used in this part, “policies” means State statutes, regulations, Governor’s orders, directives by the lead agency, or other written documents that represent the State’s position concerning any matter covered under this part.
- (b) State policies include—
- (1) a State’s commitment to develop and implement the statewide system (See Sec. 303.148);
  - (2) a State’s eligibility criteria and procedures (see 303.300);
  - (3) a statement that provides that, subject to 303.520 (b) (3), services under this part will be provided at no cost to parents, except where a system of payments is provided for under Federal or State law;
  - (4) a State’s standards for personnel who provide services to children eligible under this part (see 303.361);

- (5) a State's position and procedures related to contracting or making other arrangements with service providers under Subpart F; and,
- (6) other positions that the State has adopted related to implementing any of the other requirements under this part. (Authority: 20 U.S.C. 1471-1485)

Public Agency (34 CFR 303.20)

As used in this part, "public agency" includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under this part and their families. (Authority: 20 U.S.C. 147101485)

Qualified (34 CFR 303.21)

As used in this part, "qualified" means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services. (Authority: 20 U.S.C. 1472 (2))

Note: These regulations contain the following provisions relating to a State's responsibility to ensure that personnel are qualified to provide early intervention services:

1. Section 303.12 (a) (4) provides that early intervention services must meet State standards. This provision implements a requirement that is similar to a long-standing provision under Part B of the Act (i. e., that the State educational agency establish standards and ensure that those standards are currently met for all programs providing special education and related services.)
2. Section 303.12 (a) (3) (ii) provides that early intervention services must be provided by qualified personnel.
3. Section 303.361 requires States to establish policies and procedures related to personnel standards.

State (34 CFR 303.23)

Except as provided in Section 303.200 (b) (3), "State" means each of the 50 States, the Commonwealth of Puerto Rico, the District of Columbia, and the jurisdiction of Guam, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and Palau (until the Compact of Free Association with Palau takes effect pursuant to section 101 (a) of Public Law 99-658). (Authority: 20 U.S.C. 1401 (a) (6))

## **B. LEAD AGENCY (34 CFR 303.142 and 303.500)**

The Department of Elementary and Secondary Education (DESE) is the lead agency responsible for ensuring the provision of early intervention services to eligible infants and toddlers with disabilities and their families consistent with 20U.S.C. 1471 et seq., and 34 CFR Part 303.

The Department is responsible for ensuring that the minimum components of a statewide system of early intervention services for eligible infants and toddlers and their families, as required by the United States Department of Education is established and maintained in the state. The minimum components, identified in 20 U.S.C. 1476 and 34 CFR 303, include the following:

- a) A state definition of developmentally delayed
- b) A central directory of information relating to early intervention services, resources, experts, and research and demonstration projects available in the state
- c) Timetables for serving eligible infants and toddlers and their families
- d) A public awareness program
- e) A comprehensive child find system
- f) Evaluation and assessment procedures
- g) Development, review and evaluation of IFSPs and service coordination
- h) A comprehensive system of personnel development
- i) Development and implementation of personnel standards
- j) Development and implementation of procedural safeguards
- k) General administration, supervision, and monitoring of the early intervention system
- l) Procedures for resolving complaints
- m) Policies and procedures related to financial matters, including the following:
  - a. the identification and coordination of all resources in the state available for early intervention services
  - b. the timely reimbursement of funds provided by the United States Department of Education for early intervention services
  - c. the assignment of financial responsibility among the participating agencies
- n) Interagency agreements for resolution of disputes
- o) Policies for contracting or otherwise arranging for services
- p) Data collection on the numbers of infants and toddlers with disabilities and their families in the state
- q) Policies and procedures that ensure that to the maximum extent appropriate, early intervention services are provided in natural environments; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

The State of Missouri assures that a current IFSP is in effect and implemented for each eligible child and the child's family (34 CFR 303.167).

## **C. STATE INTERAGENCY COORDINATING COUNCIL (SICC)**

### Establishment and Composition (34 CFR 303.600)

The Governor of the state appoints the State Interagency Coordinating Council (SICC). In making an appointment to the Council, the Governor ensures that membership of the Council reasonably represents the population of the State. The chairperson does not represent the lead agency. Parent representatives meet the requirements as specified in CFR 303.601. One parent is a minority and agency representatives appointed to the Council have sufficient authority to engage in policy planning and implementation on behalf of their agency.

### Meetings (34 CFR 303.603)

The SICC meets at least quarterly. To comply with Missouri's Open Meetings Law, all meetings are generally announced at least one week in advance and at a minimum of 24 hours in advance at the location of the meeting, as well as at DESE. These procedures ensure that meetings are announced sufficiently in advance to ensure attendance and that they are open and accessible to the public. Interpreters for the deaf and other necessary services for both SICC members and participants are provided as requested. The lead agency uses Part C funds to pay for these services.

### Use of Funds by the Council (303.602)

Subject to the approval by the Governor, the Council may use funds under this part--

- (1) to conduct hearings and forums;
- (2) to reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);
- (3) to pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business.
- (4) to hire staff; and,
- (5) to obtain the services of professional, technical, and clerical personnel, as may be necessary to carry out the performance of its functions under this part.

#### Compensation and expenses of Council members

Except as provided in items 2 and 3 above, Council members shall serve without compensation from funds available under this part.

#### Conflict of Interest (34 CFR 303.604)

No member of the Interagency Coordinating Council may vote on any matter that would provide direct financial benefit to themselves or otherwise give the appearance of conflict of interest.

#### Functions (34 CFR 303.650-303.654)

The functions of the Interagency Coordinating Council are to:

1. advise and assist the lead agency in the development and implementation of policies that constitute the statewide system;
2. assist the lead agency in achieving full participation, coordination, and cooperation of all appropriate public agencies;
3. assist the lead agency in the implementation of the statewide system by establishing a process that includes:
  - a. seeking information from service providers, service coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery, and
  - b. taking steps to ensure that policy problems identified under 3. a. above are resolved; and,
4. to extent appropriate, assist lead agency in the resolution of disputes; and,
5. to strengthen service integration for both infants and toddlers with disabilities and at-risk infants and their families, regardless of eligibility status.

The Council advises and assists the lead agency in the performance of their responsibilities for the:

1. appropriate services for children ages 0-3 inclusive, including transitional services to preschool and other appropriate services;
2. identification of sources of money and other support for services for early intervention services;
3. assignment of fiscal responsibilities to appropriate agency; and,
4. promotion of interagency agreements under 34 CFR 303.523.

The Council advises and assists the lead agency in the preparation of applications and amendments to applications under Part C. The Council also advises and assists the lead agency (SEA) regarding transition of toddlers with disabilities to appropriate services under Part B of IDEA to the extent that those services are appropriate.

The Council prepares an annual report to the Governor and to the Secretary of the US Department of Education on the status of early intervention programs operated in the State and submits this report to the Secretary on the date established by the Secretary. Each annual report contains information required by the Secretary for the reporting year.

#### **D. PUBLIC PARTICIPATION**

The Missouri DESE uses the following methods to make the Part C application available for comments to the public, including individuals with disabilities and parents of children with disabilities.

1. Advertisement in newspapers.

2. A general news release from the DESE's Office of Public Information to the state's newspapers, radio stations, television stations, and other points of information dissemination. The news release includes notice of the state's intent to submit a Part C application, the availability of the application for review, the date of public hearings, and procedures for submitting written comments about the application.
3. Public hearings.
4. Posting the proposed plan on the Internet.

#### **E. EQUITABLE DISTRIBUTION OF RESOURCES**

Contractual arrangements with early intervention providers ensure that early intervention services are provided to eligible children when there is no other federal, state, private, or local source of payment. These monies expand and provide services that are otherwise unavailable.

Early intervention services, specialized services and/or discretionary projects are funded through the state of Missouri's rules for purchasing. These rules involve adequate notification to the public that services are sought and submission procedures.

#### **F. TRANSITION TO PRESCHOOL PROGRAMS (34 CFR 303.148)**

Transitions occur at various of points in time for children enrolled in the Part C system. Transitions may include into, within and from Part C services. IFSP teams are required to discuss transition issues facing the child and family and make plans that assist the child and family in making smooth transitions.

The State of Missouri has developed the following policies and procedures to ensure a smooth and effective transition from Part C services to Part B services for children with disabilities or to other appropriate services at age three. At least six months prior to the child's third birth date the Part C service coordinator will convene an IFSP meeting to discuss the transition process with the parents and other team members and to develop a transition plan. At this time, the team will document the steps to be taken to transition to the public school and/or other services as appropriate. With parent consent, local school district personnel or other service agency personnel can attend this IFSP meeting. The service coordination agency, the appropriate future service provider agency representative (LEA, Head Start, Child care provider, etc.), the family, and other team members will review the child's program options after turning three and establish a transition plan. If the parent agrees to have their child's eligibility determined for the public school's early childhood special education (ECSE) program, the service coordinator shall obtain release(s) of information to the public school at this meeting to ensure the timely receipt by the school district. Any information that will assist the district in determining the child's eligibility and programmatic needs should be considered for release.

##### **Transition to Part B Services:**

Six months prior to the child's third birth date, the Part C service coordinator will convene an IFSP meeting to discuss the transition process with the parents and other team members in order to develop a transition plan. At this time, the team documents the steps to be taken to transition to the public school and/or other services as appropriate. If the parent agrees, local district special education personnel can attend this IFSP meeting.

If the parent agrees to eligibility determination for special education and related services under Part B of IDEA, the Part C service coordinator shall obtain release(s) of information to the public school at this meeting to ensure the timely receipt by the school district. Any information that will assist the district in determining the child's eligibility and programmatic needs should be considered for release. That information should include at a minimum, the following:

- A. child and parent name, address, and phone number, and the student's birth date;
- B. current copy of the entire IFSP which includes present levels of functioning, early intervention services, and transition plan;

- C. all assessments that have occurred in the previous year, and if not contained in the child's record, where the information can be obtained; and,
- D. any written reports from service providers within the last year.

Upon receipt of the information, local districts must provide written notice to the parent. The school district evaluation team members will review the existing data to determine if there is a need for additional tests in order to determine eligibility. Local districts are required to provide special education and related services to eligible children as identified in the IEP as of the child's third birth date unless the birth date occurs during a normal vacation period for the public school. The district must document that it has made a diligent effort to complete the evaluation and IEP process, but despite that effort, was unable to do so within time lines. IEPs developed in the spring or summer may identify the implementation date as the first day of school in the fall.

Part B eligible children whose third birth dates are May through August may continue in the First Steps program until the initiation of their local district's school year in the fall. The child's Part B eligibility must be documented in the school's diagnostic summary, which is completed prior to the authorization of continued First Steps services. The Department of Elementary and Secondary Education (DESE) will pay early intervention services that were financially supported prior to the child's third birth date by Part C funds after the child's third birth date.

Eligible children whose third birth dates are April 1 through May 1 may either transition to Part B services before the end of the current school year or continue services in First Steps until the initiation of their local district's school year in August/September. This discussion is part of the transition conference. Children who enroll in the local school district for the remainder of the school year must be considered for Extended School Year as required by Part B of the Individuals with Disabilities Education Act.

If local district policy allows, eligible children whose third birth dates occur during September may receive services under Part B at the beginning of the district's school year.

#### Notification Procedures

The Department of Elementary and Secondary Education, as lead agency, assures that school districts of children in the Part C system are notified of children transitioning from that system according to the notification schedule outlined below.

Local districts are responsible for contacting families to discuss the eligibility and transition process. Documentation of contacts (phone calls and/or meeting dates) should be kept for verification of time lines. With the family's cooperation, a contact must occur at least 120 days prior to the child's third birth date. The purpose of the contact is to explain the process the district will use to determine the child's eligibility for services under Part B of IDEA and, if eligible, the steps that will be necessary to assure the provision of service on the child's third birth date unless the birth date occurs during a routine school break.

The following schedule is used by responsible agencies to notify local districts and parents of children participating in the Part C program.

DATES LEAS ARE NOTIFIED BY RESPONSIBLE PART C AGENCY	FOR STUDENTS THAT TURN THREE DURING	NUMBER OF MONTHS FOR EVALUATION AND IEP DEVELOPMENT PROCESS
January 1	June	5
February 1	July	5
March 1	August	5
April 1	September, October, November	5, 6, 7
July 1	December	5
August 1	January	5
September 1	February	5
October 1	March	5
November 1	April	5
December 1	May	5

**G. ADOPTION OF POLICY ON STATEWIDE SYSTEM (3 CFR 303.150 (b))**

The Department of Elementary and Secondary Education, as lead agency, assures that the State's early intervention system is in effect.

**H. TRADITIONALLY UNDERSERVED GROUPS (CFR 303.128)**

The State ensures that traditionally underserved groups, including minority, low income and rural families are meaningfully involved in the planning and implementation of all requirements of Part C. This is achieved through participation on the SICC and local interagency coordinating councils as well as through the delivery of services.

The State also ensures that these families have access to culturally competent services within their local geographical areas. This is achieved through provider recruitment and training.

**I. SERVICES TO ALL GEOGRAPHIC AREAS (CFR 303.147)**

Early intervention services are provided through contractual arrangements with state agencies. State agencies have rosters of early intervention providers that cover all geographic areas of the state, both urban and rural areas.

**J. ANNUAL PERFORMANCE REPORT (EDGAR 80.40 (b))**

The Lead Agency submits its annual performance report to the Office of Special Education Programs and Missouri's Governor.

**K. ANNUAL DATA COLLECTION REPORT**

The State ensures that the Annual Data Collection Report is submitted to the Office of Special Education Programs, Department of Education.

**L. GENERAL EDUCATION PROVISIONS ACT (GEPA)**

The State ensures equitable access to and participation in Part C by making available referral and procedural in any language that is deemed to be large enough for demand. This includes Spanish, Vietnamese, and Braille. Additionally, language and/or sign interpreters are available to explain enrollment into First Steps when requested by a service coordinator. Service coordinators are responsible for assuring that information is provided in native language when necessary throughout the IFSP process and during the implementation of early intervention services.

Requirements Related to Components  
of a  
Statewide System



## **I. ELIGIBILITY CRITERIA (34 CFR 303.300)**

Children who are eligible for early intervention services are children between the ages of birth and 36 months who have been determined by a multidisciplinary team (see Section VI) as having:

A. a diagnosed physical or mental condition associated with developmental disabilities or has a high probability of resulting in a developmental delay or disability.

### **STATE DEFINITION OF DIAGNOSED CONDITIONS**

The State of Missouri has adopted the following conditions to meet the definition of “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay”:

1. Conditions diagnosed at birth or within 30 days post birth (newborn conditions)
  - a. Very Low Birth Weight (VLBW; less than 1,500 grams) with one or more conditions:
    - Apgar of 6 or less at 5 minutes
    - Intracranial bleeds (Grade II, III, or IV)
    - Ventilator dependent for 72 hours or more
    - Asphyxiation
2. Conditions Diagnosed (Neonatal/Infant/Toddler Conditions)
  - a. Genetic conditions known to be associated with mental retardation or developmental disabilities including but not limited to:

--Down Syndrome	--Trisomy 13 Syndrome
--Cri-du-Chat Syndrome	(Patau's)
--Klinefelter's Syndrome	--Triple X Syndrome
--Trisomy 18 Syndrome	--Fragile X Syndrome
(Edward's)	--Prader Willi
--Turner's Syndrome	--Pierre Robin
  - b. Additional conditions known to be associated with mental retardation or developmental disabilities including but not limited to:
    - Hypoxic Ischemic Encephalopathy (HIE) and at term (36 weeks gestation or more)
    - Cranio-facial anomalies (i.e, cleft palate, etc.)
    - Epilepsy/ Seizure Disorder
    - Spina Bifida
    - Blindness, including visual impairments
    - Macro/Microcephalus, including Hydrocephalus
    - Deafness, including hearing impairments
    - Fetal Alcohol Syndrome
    - Cyanotic Congenital Heart Disease
    - PKU
    - Cerebral Palsy
    - Viruses/bacteria (Herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)
    - Acquired Immune Deficiency Syndrome (AIDS)
    - Autism Spectrum Disorders

Other conditions known to be associated with mental retardation or developmental disabilities to be considered for eligibility must be based upon informed clinical opinion by Board certificated neonatologists, pediatricians, geneticists, and/or pediatric neurologists. These physicians may refer a child by indicating the specific condition and documenting the potential impact of the condition in any of the five developmental areas. The child's medical home physician must sign the referral documenting medical diagnosis.

B. A developmental delay, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is defined as a child who is functioning at half the developmental level that would be expected for a child developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age should be assigned for a period

of up to 12 months or longer if recommended by the child's primary medical home. The delay must be identified in one or more of the following areas:

- a. cognitive development;
- b. communication development;
- c. adaptive development;
- d. physical development, including vision and hearing;
- e. social or emotional development;

### **Services to At Risk Children**

It is the policy of the State of Missouri to not include children considered to be "at risk" of having substantial developmental delays for eligibility in the Part C system under this application. The phrase "at risk" includes infants and toddlers who are not otherwise covered by the definitions described previously.

### **RESIDENCY REQUIREMENTS**

1. A child must be a resident of the State of Missouri to receive Part C services from the state's system.
2. A child living with a parent, legal guardian, or person "acting as a parent" within the definition of the Individuals with Disabilities Act in the State of Missouri is considered a resident.
3. Citizenship status cannot be used to deny Part C services to an eligible child and family.
4. A child living in Missouri solely for the purpose of receiving Part C services is not considered a resident.
5. Citizenship or immigrant status is not a requirement of residency.

### **II. CENTRAL DIRECTORY (34 CFR 303.301)**

The State of Missouri assures that it has developed a central directory of information, which includes:

1. public and private early intervention services, resources, and experts available in the State;
2. research and demonstration projects being conducted in the State, and;
3. professional and other groups that provide assistance to children eligible under this part and their families including parent support groups and advocate associations.

The State of Missouri ensures that the central directory is in sufficient detail to:

1. ensure that the general public will be able to determine the nature and scope of the services and the assistance available from each of the sources listed in the directory, and
2. enable the parent of a child eligible under this part to contact, by telephone or letter, any of the sources listed in the directory.

The State of Missouri ensures that the central directory is:

1. updated at least annually, and
2. accessible to the general public.

The State of Missouri assures that information about the central directory is available in each geographic region of the State, including rural areas, and in places and a manner that ensure accessibility by persons who are disabled.

### **III. TIMETABLES FOR SERVING ALL ELIGIBLE CHILDREN (34 CFR 303.302)**

The State of Missouri assures that appropriate early intervention services are available to all eligible infants and toddlers with disabilities in the State, including Indian infants/toddlers living on reservations.

Part C does not apply to any child with disabilities receiving FAPE with funds under Section 619 of Part B of IDEA in the state of Missouri.

#### **IV. PUBLIC AWARENESS PROGRAM (34 CFR 303.320)**

The State of Missouri assures that a public awareness program has been developed that focuses on the early identification of children who are eligible for this part, including the preparation and dissemination of information materials for parents on the availability of early intervention services by the lead agency to all primary referral sources.

The State of Missouri assures that a public awareness program has been developed that provides information about the State's:

1. early intervention program;
2. the child find system, including:
  - a. purpose and scope of the system,
  - b. how to make referrals,
  - c. how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and,
3. the Central Directory.

#### **V. COMPREHENSIVE CHILD FIND SYSTEM (34 CFR 303.321)**

The State of Missouri ensures that the statewide system includes a comprehensive child find system that is consistent with Part B of IDEA (34 CFR 300.128) and meets the requirements to identify, locate, and evaluate all eligible infants and toddlers.

The lead agency, DESE, with the assistance of the SICCC, is responsible for implementing the child find system. It is the policy of the Missouri Department of Elementary and Secondary Education that all children birth through 20 who are disabled and in need of special services are identified, located, and evaluated.

The Child Find System in Missouri is coordinated with all other major efforts to locate and identify children conducted by State agencies responsible for administering the various education, health, and social service programs relevant to this part, tribes and tribal organizations that receive money under Part C, and other tribes and tribal organizations as appropriate, including efforts in the:

1. Child Find authorized under Part B of the Act;
2. Maternal and Child Health program under Title V of the Social Security Act;
3. Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program under Title XIX of the Social Security Act;
4. Developmental Disabilities Assistance and Bill of Rights Act;
5. Head Start Act; and,
6. Supplemental Security Income program under Title XVI of the Social Security Act.

The lead agency with the assistance of the SICCC takes steps to ensure that:

1. there will not be unnecessary duplication of effort by the various agencies involved in the State's child find system under this part, and
2. the State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.

Part C funds may be used to improve collaboration in order to identify and evaluate at-risk infants and toddlers, make referrals to other available services for such children, and to conduct periodic follow-up to determine if the status of the infant or toddler has changed and may be eligible for early intervention services as provided by Part C.

The following procedures are used by primary referral sources for referring a child to the appropriate public agency within the system for:

1. Evaluation and assessment, in accordance with 34 CFR 303.322 and 303.323, or
2. As appropriate, the provision of services, in accordance with 34 CFR 303.342(a) or 303.345.

Primary referral sources are informed about the referral process and procedures through the public awareness brochure and numerous presentations. This information is also available through any participating state agency. The DESE ensures that referrals to First Steps are made to a system point of entry within two working days after a child is identified as being potentially eligible for the State's early intervention program.

Primary referrals sources include, but are not limited to:

1. Hospitals, including prenatal and postnatal care facilities;
2. Physicians;
3. Parents;
4. Child-care programs;
5. Local educational agencies including special education and Parents as Teachers (SB 658);
6. Public health facilities;
7. Other social service agencies; and,
8. Other health care providers.

#### Timelines for Public Agencies to Act on Referrals

1. Once the public agency receives a referral, it shall appoint an intake coordinator as soon as possible.
2. Within 45 days after it receives a referral, a public agency shall:
  - a. obtain informed, written parental consent to proceed,
  - b. facilitate the collection and review of existing documentation to complete the evaluation for eligibility in accordance with 34 CFR 303.322'; and,
  - c. schedule and facilitate an initial IFSP meeting, in accordance with 34 CFR 303.342.

Once a referral is received in the local system point of entry, an intake coordinator is assigned to meet with the family, explain the First Steps system and obtain informed, written consent to proceed. This is completed within 10 working days from date of referral.

The intake coordinator is responsible for facilitating the evaluation for eligibility, which includes obtaining all current information from the family, primary medical home and others that will assist the determination of the child's eligibility for Part C services. If necessary, the intake coordinator will assist the family in scheduling evaluations and assessment services for the purpose of determining eligibility.

For each child who has been determined eligible for the program, a meeting to develop the initial IFSP is conducted within 45 calendar days of the referral. A Notice of Action for Ineligibility and procedural safeguards are served to families whose children are not found eligible for First Steps and referral assistance is provided to connect them with other services, including Parents as Teachers, for ongoing developmental monitoring. The intake coordinator is responsible for coordinating the development of the initial IFSP. If circumstances prevent this timeline from being met, the public agency will follow procedures as outlined in Section VI.

#### NOTICE TO PARENTS (34 CFR 300.561)

Agencies participating in the Missouri statewide system of early intervention services must give adequate notice to fully inform parents about the requirements under 34 CFR 303.164 and 303.321 (Comprehensive Child Find System), including:

1. A description of the extent to which the notice is given in the native languages of the various population groups in the state;
2. A description of children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information, (including the sources from whom information is gathered), and the use to be made of information;
3. A summary of the policies and procedures which participating agencies must follow regarding storage, disclosure to third parties, retention and destruction of personally identifiable information; and,
4. A description of all the rights of parents and children regarding this information, including the Family Educational Rights and Privacy Act (FERPA) rights.

All agencies must publish or announce a notice of the activity before any major identification, location, or evaluation (child find) activity is conducted. This notice must be published or announced in newspapers or other media with circulation adequate to notify parents throughout the State.

## **VI. EVALUATION and ASSESSMENT (34 CFR 303.322) AND NONDISCRIMINATION PROCEDURES**

The State of Missouri ensures that the statewide system of early intervention described in this application includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. The DESE is responsible for ensuring that all affected public agencies and service providers in the State implement the requirements of this section.

### Parental Consent (34 CFR 303.404)

Informed, written parental consent must be obtained before:

1. conducting the initial evaluation and assessment of a child for eligibility purposes,
2. conducting any assessments required for IFSP development, and
3. initiating the provision of early intervention services.

If consent is not given, the intake coordinator who is facilitating this process with the family shall make reasonable efforts to ensure that the parent is fully aware of the nature of the evaluation and assessment or the services that would be available and understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

### Definitions

The following definitions apply to evaluation and assessment activities:

1. A child's evaluation means the procedures used by appropriate, qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of infants and toddlers with disabilities in 34 CFR 303.16, including determining the status of the child in each of the developmental areas.
2. Assessment means the ongoing procedures used by appropriate, qualified personnel throughout the period of a child's eligibility under this part to identify:
  - a. the child's unique strengths and needs and the services appropriate to meet those needs;
  - b. the resources, priorities, and concerns of the family and identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of their child with a disability; and,
  - c. the nature and extent of early intervention services that are needed by the child and the child's family to meet the needs of the child (34 CFR 303.322).

### Child Assessment

After informed, written parental consent is obtained, the multidisciplinary evaluation or assessment may begin.

The multidisciplinary evaluation and assessment for each child must:

1. be conducted by personnel trained and qualified to utilize appropriate methods and procedures, and
2. be based on informed clinical opinion.

Multidisciplinary team membership includes:

- ?? the child's family,
- ?? the service coordinator; and,
- ?? at least two or more different disciplines or professions.

The multidisciplinary evaluation of each child for eligibility determination purposes must include the following:

1. a review of current health records and medical history;

2. an interview with the family regarding their child's early development, including their observations and concerns;
3. an evaluation of the child's level of functioning in each of the following areas:
  - a. cognitive development,
  - b. physical development, including vision and hearing,
  - c. communication development,
  - d. social/emotional development, and
  - e. adaptive development;
4. an assessment of the unique needs of the child in terms of each developmental area; and,
5. the identification of services appropriate to meet those needs (34 CFR 303.322).

The multidisciplinary evaluation is based upon the principles of informed clinical opinion and uses existing information. This information may be augmented if necessary by observation, the administration of a comprehensive developmental assessment or targeted assessment in individual domains to determine the child's developmental status.

IFSP development requires assessment information that depicts the child's daily functioning in the environments in which he/she participates. The family assessment is a critical information-gathering step for IFSP development. Family assessments must be family-directed and designed to determine the resources, priorities, and concerns of the family and identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant and toddler. Any assessment that is conducted must be voluntary on the part of the family and their consent documented in the child's early intervention record; and, if an assessment of the family is carried out, the assessment must:

1. be conducted by personnel trained and qualified to utilize appropriate methods and procedures;
2. be based on information provided by the family through a personal interview; and,
3. incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development (34 CFR 303.322 (a)).

If the family agrees, information based upon formal or informal assessment regarding the family's resources, priorities, and concerns should be included in the family assessment and IFSP document. If a family first agrees to include this information and then changes their mind, the information can be removed or modified at their request. Certain provisions of the Family Educational Rights and Privacy Act (FERPA) apply to family assessments. The intake coordinator holds the responsibility to explain those rights to the family, including the right to amend those records and to have copies of that record.

#### Timelines

The evaluation for eligibility and the initial assessment of each child (including the family assessment) determined to be eligible for Part C services (and initial IFSP meeting) must be completed within 45 calendar days of referral. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g. if a child is ill or there is some other family-initiated situation that cause a delay, etc.), public agencies will document those circumstances and develop and implement an interim IFSP, to the extent appropriate and consistent with Section 303.345 which can be found at the end of this section.

### MULTIDISCIPLINARY EVALUATION REQUIREMENTS BY ELIGIBILITY

#### Eligibility Statement

The intake coordinator is responsible for facilitating the development of the multidisciplinary team for eligibility determination purposes. The eligibility statement must be documented on the state approved form. This eligibility statement addresses the following:

1. a diagnosed medical condition or
2. the area(s) in which the child was found to be delayed and the degree of delay.

If the child is not eligible, a Notice of Action for Ineligibility and a parental rights brochure must be provided to the parents. Information about the family's procedural safeguards must also be provided and the family should be assisted by the intake coordinator to implement these rights if they disagree with the eligibility determination. Recommendations should be provided to the family regarding appropriate developmental strategies, as well as referrals to other service agencies that may be of assistance to the family including Parents as Teachers, Early Head Start, etc.

#### PROVISION OF SERVICES BEFORE EVALUATION AND ASSESSMENT ARE COMPLETED (34 CFR 303.345-Interim IFSP)

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment if the following conditions are met:

1. informed, written parental consent is obtained;
2. an interim IFSP is developed that includes:
  - a. the name of the service coordinator who will be responsible consistent with 303.344 (g) for implementation of the interim IFSP and coordination with other agencies and persons, and
  - b. the early intervention services that have been determined to be needed immediately by the child and the child's family;
3. the evaluation and assessment are completed within 45 calendar days of referral.
4. the use of an interim IFSP does not release the public system from meeting the 45 calendar day timeline and is rarely used (e.g., primarily for infants as they transition from the NICU to home/community services)

#### NONDISCRIMINATORY PROCEDURES (34 CFR 303.323)

The State of Missouri assures that all agencies responsible for evaluation and assessment activities shall implement the following nondiscriminatory procedures:

1. tests and other evaluation materials and procedures must be administered in the native language of the parents or other mode of communication, unless clearly not feasible to do so;
2. any assessment/evaluation procedures and/or materials must be selected and administered so as not to be racially or culturally discriminatory;
3. no single procedure is used as the sole criterion for determining a child's eligibility; and,
4. all evaluations and assessments must be conducted by qualified personnel (34 CFR 303.323).

Additionally, no one discipline or individual makes the eligibility determination. All multidisciplinary teams are responsible for ensuring that the family understands the intent and purpose of any evaluation or assessment activity. Results of any evaluation and assessment activity are provided to the family verbally and in writing within a reasonable time, and before results are used in IFSP development.

### **VII. INDIVIDUALIZED FAMILY SERVICE PLANS (IFSPs)**

The State of Missouri ensures that the State's system of early intervention services includes policies and procedures for the development of IFSPs that meet the requirements of this section and 34 CFR 303.341 through 303.346.

The State of Missouri assures that a current IFSP is in effect and implemented for each eligible child and the child's family.

Each child that is eligible for the State's early intervention service system is entitled to an IFSP that addresses the needs of the child and family. This is a written plan that outlines the provision of early intervention services for the child and family. The plan must:

1. be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;
2. be based on the multidisciplinary evaluation and assessment of the child and the assessment of the family; and,
3. include services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child (34 CFR 303.340).

If there is a dispute between agencies as to whom has responsibility for developing or implementing an IFSP, DESE shall resolve the dispute or assign responsibility.

#### PROCEDURES FOR IFSP DEVELOPMENT, REVIEW, AND EVALUATION (34 CFR 303.342)

##### Meeting to Develop Initial IFSP

For each child who has been determined eligible for the program, a meeting to develop the initial IFSP must be conducted within 45 calendar days of the referral. The intake coordinator at the SPOE is responsible for facilitating the development of the initial IFSP.

##### Periodic Review

The State of Missouri ensures that IFSPs are reviewed every six months or more frequently if conditions warrant, or if the family requests such a review. The purpose of the review is to determine the degree to which progress toward achieving the outcomes is being made, and whether revision or modification of the outcomes or services is necessary. Meetings or other means that are acceptable to parents and other participants will be used to conduct these reviews.

##### Annual Meeting to Evaluate the IFSP

The State of Missouri ensures that a meeting is conducted at least annually to evaluate the IFSP. The annual evaluation of the IFSP includes the requirement to use existing assessment and other information to 1) determine if the child continues to be eligible for Part C services, and, 2) develop outcomes that assist in identifying what early intervention services are needed and will be provided. A new IFSP is developed for each child and family at this point in time. If formal assessments are required for the purposes of eligibility redetermination, informed parental consent must be obtained in advance.

##### Accessibility and Convenience of Meetings

The IFSP meetings shall be conducted in settings and at times convenient to families and in the native language of the family or other mode of communication used by the family unless clearly not feasible to do so. Meeting arrangements must be made with prior written notice provided to the family and other participants early enough before the meeting date to ensure that they will be able to attend (34 CFR 303.342 (d)). Written notice must be provided to all IFSP team members at least 5 calendar days prior to the meeting.

#### PRIOR NOTICE; NATIVE LANGUAGE (34 CFR 303.403)

Written prior notice is given to parents a reasonable time before the public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of a child or the provision of early intervention services to the child and child's family. This written notice does not replace the obligation to verbally present the information to the family to ensure their understanding of the written materials.

This notice must be in sufficient detail to inform parents about:

1. The action being proposed or refused;
2. The reasons for taking the action; and,
3. All procedural safeguards that are available.

The notice must be written in language understandable to the general public and be provided in the parent's native language unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the public agency or designated service provider shall take steps to ensure that:

1. the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
2. the parent understands the notice; and,
3. there is written evidence that the requirements of this paragraph have been met.



If a parent is deaf or blind, or has no written language, the mode of communication must be that which is normally used by the parent (such as sign language, Braille, or oral communication).

PARENTAL CONSENT FOR EARLY INTERVENTION SERVICES (34 CFR 303.342 (e); 303.405)

The State of Missouri ensures that the contents of the IFSP shall be fully explained to parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the IFSP. If the parents do not provide consent for a particular early intervention service OR withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

Parents of eligible children may determine if they, their child, or other family member will accept or decline any early intervention service under this part in accordance with state law and may decline such a service after first accepting it without jeopardizing other early intervention services under this part.

PARTICIPANTS IN IFSP MEETINGS AND PERIODIC REVIEW (34 CFR 303.343)

Each initial IFSP meeting must include the following participants:

1. the parent or parents of the child;
2. other family members, requested by the parent(s) if feasible;
3. an advocate or person outside of the family, at parent request;
4. the intake coordinator working with the family since the initial referral for evaluation and the service coordinator that has been designated responsible for the implementation of the IFSP;
5. a person or persons directly involved in conducting the evaluations and assessments; and,
6. as appropriate, service providers to the child and/or family (34 CFR 303.343).

Each annual IFSP meeting must include the following participants:

1. the parent or parents of the child;
2. other family members, requested by the parent(s) if feasible;
3. an advocate or person outside of the family, at parent request;
4. the service coordinator that has been designated responsible for the implementation of the IFSP;
5. a person or persons directly involved in conducting the evaluations and assessments; and,
6. as appropriate, service providers to the child and/or family (34 CFR 303.343).

If a person directly involved in conducting an evaluation and/or assessment is unable to attend the IFSP meeting, arrangements must be made for that person's involvement through other means, such as participation by telephone conference call or through pertinent records that are available at the meeting. A knowledgeable authorized representative may also attend the meeting as a substitute for the person unable to attend (34 CFR 303.343 (2)). This includes early intervention service providers who conduct on-going assessments.

Families work with the intake or ongoing service coordinator to identify the members of the multidisciplinary team who will work to review/develop the IFSP. It is the role of the intake/ongoing service coordinator to facilitate the development of the IFSP including scheduling this meeting with the family, distributing the formal notices of the meeting to participants, facilitating the meeting itself, and developing the IFSP in conjunction with the multidisciplinary team during the IFSP meeting.

Periodic IFSP Review

Participants at periodic IFSP reviews include parents, other family members requested by the parents, advocates, or persons outside the family (if requested by the parents), and the service coordinator. Other representatives (such as service providers) may participate, if conditions warrant this (34 CFR 303.343 (b)).

CONTENT OF THE IFSP (34 CFR 303.344)

Each IFSP must contain the following components:

1. a statement of the child's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development based upon objective criteria;
2. with the concurrence of the family, a statement of the family's resources, priorities, and concerns(needs) related to enhancing the development of the infant or toddler with a disability;
3. a statement of the major outcomes expected to be achieved for the infant or toddler and family; and the criteria, procedures, and timelines used to determine:
  - a. the degree to which progress toward achievement of the outcomes is being made, and
  - b. whether modifications or revisions of the outcomes or services are necessary;
4. a statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler and family including the frequency, intensity, and method of delivering the services;
5. a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;
6. the location of services and the payment arrangements, if any;
7. other services needed, but not required by Part C. To the extent appropriate, the IFSP must include:
  - a. medical and other services that the child needs but that are not required by Part C,
  - b. the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. This requirement does not apply to routine medical services such as immunizations and well-baby care unless a child needs those services and they are not otherwise available or being provided;
8. the projected dates for initiation of the early intervention services (with the exception of the other services required in number 7) as soon as possible after the IFSP meeting;
9. the projected dates for duration of the early intervention services;
10. the name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities) who is responsible with the family for the implementation of the IFSP and coordination with other agencies and person. The term profession as used in this sentence includes service coordination. In meeting this requirement the agency responsible for coordinating the IFSP meeting will assist the family in the selection of the ongoing service coordinator;
11. transition into Part C services (initial IFSP), within the ongoing program, and from the program at age three. This may be a statement of plans for transition at age three:
  - a. to preschool services under Part B of IDEA to the extent appropriate, or
  - b. to other appropriate services if available such as Parents as Teachers, Head Start, Child-Care Settings, Title I Preschool Programs, etc.

The steps for transition must include:

1. discussions with, and training of parents regarding future placements and other matters related to the child's transition;
  2. procedures to prepare the child for changes in service delivery including steps to help the child adjust and function in a new setting; and
  3. with written parental consent, transmission of information about the child to the local education agency to ensure continuity of services including evaluation and assessment information and IFSPs; and,
12. a statement describing assistive technology services or devices as appropriate including:
    - 1) identification of the professional who will assist the family with the assistive technology device,
    - 2) what outcome(s) the assistive device supports or facilitates,
    - 3) the location of the device,
    - 4) a statement of the frequency and intensity of the time the device/service is used, and
    - 5) method of how the device/service is provided.

The following definitions apply to this part:

- a. frequency and intensity mean the number of days or sessions that a service will be provided and the length of time the service is provided during each session (i.e., twice per month for 45 minutes);

- b. location means the actual place or places where a service will be provided; and,
- c. method means whether the service is provided on a group or individual basis.

**PROVISION OF SERVICES BEFORE EVALUATION AND ASSESSMENT ARE COMPLETED** (34 CFR 303.345)-Interim IFSP

Conditions that must be met for this Regulation are described in Section VI. Evaluation, Assessment, and Nondiscriminatory Procedures.

**RESPONSIBILITY AND ACCOUNTABILITY (CFR 303.346)**

Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, Part C of the Act does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.

**VIII. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT**

The State of Missouri has developed a CSPD plan that is consistent with the requirements of Part B-IDEA (34 CFR 300.380-387).

This personnel development system:

1. provides for preservice and inservice training conducted on an interdisciplinary basis to the extent appropriate;
2. provides for training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators; and
3. ensures that the training provided relates specifically to:
  - a. understanding the basic components of early intervention services available in the State;
  - b. meeting the interrelated social/emotional, health, developmental, and educational needs of eligible children under this part;
  - c. assisting families in enhancing the development of their children, and in fully participating in the development and implementation of IFSPs;
  - d. training and use of paraprofessionals;
  - e. the training of personnel to work in rural and inner-city areas; and
  - e. primary referral sources on the basic components of early intervention services available in the state.

The State of Missouri also ensures that the training is consistent with the CSPD and may include:

1. implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;
2. promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
3. implementing strategies for working in rural areas; and,
4. coordinating transition services for infants and toddlers from an early intervention program under Part C to a preschool program under section 619 of Part B or to other appropriate services.

Funds are used to support the development and delivery of training through a regional system of coordination to institute a required Early Intervention Credential for all contracted providers in the First Steps system. The credential is awarded upon completion of a First Steps curriculum developed by stakeholders and reviewed by the SICC.

**IX. PERSONNEL STANDARDS (34 CFR 303.361)**

Appropriate professional requirements in the State means entry level requirements that:

1. are based on the highest requirements in the State applicable to the profession or discipline in which a person provides early intervention services, and
2. establishes suitable qualifications for personnel providing early intervention services to children and families who are served by state, local, and private agencies.

Highest requirements in the State applicable to a specific profession or discipline means the highest entry level academic degree needed for any State approval or recognized certification, licensing, registration or other comparable requirements that apply to that profession or discipline.

Profession or Discipline means a specific occupational category that:

1. provides early intervention services to eligible children/families;
2. has been established or designated by the State; and,
3. has a required scope of responsibility and degree of supervision.

State approved or recognized certification, licensing, registration, or other comparable requirements means the requirements that a State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in that state.

The highest professional standard by discipline for the State of Missouri are as follows. The requirements of all state statutes and rules of all state agencies applicable to serving children under this part were considered.

## ***PERSONNEL STANDARDS***

<b>TITLE</b>	<b>Comments (see definitions beginning on pages 6-13 for service responsibilities)</b>	<b>EDUCATIONAL QUALIFICATIONS</b>	<b>CERTIFICATES OR LICENSE</b>
Audiologist		Master's Degree	License issued by the State Board of Registration for the Healing Arts
Counselor, Licensed Professional		Master's Degree	Licensed by the Committee for Professional Counseling and First Steps Early Intervention Specialist Credential
Dietitian		Bachelor's Degree and internship	Licensed by the State Committee of Dietitians, effective July 1, 2000 and First Steps Early Intervention Specialist Credential
Interpreter of the Deaf	Facilitates communication between individuals with hearing impairments and hearing persons.	High school diploma or GED	Certified by the Commission for the Deaf and licensed by the Division of Professional Registration. After January 1, 2003, an intermediate certificate issued by the Commission for the Deaf and license issued by Professional Registration.
Nurse, LPN		Diploma from accredited LPN program	Licensed by the State Board of Nursing
Nurse, RN		Associate's Degree	Licensed by the State Board of Nursing and First Steps Early Intervention Specialist Credential
Occupational Therapist		Bachelor's Degree	License issued by the Missouri Board of Occupational Therapy and First Steps Early Intervention Specialist Credential
Occupational Therapy, Certified Assistant (COTA)	Provides occupational therapy services under the direction of a licensed occupational therapist.	AA degree	License issued by the Missouri Board of Occupational Therapy and First Steps Early Intervention Associate Credential
Optometrist		Graduate of Approved School of Optometry	Licensed by Missouri Board of Optometry

Orientation and Mobility Specialist		Bachelor's Degree	?? Certified by the Association for Education and Rehabilitation (AER) OR ?? Demonstrated proficiency in O&M as required by a current contract with Rehabilitation Services for the Blind OR ?? Visually Impaired Certification by the State Board of Education
Paraprofessional in Early Intervention	Assists with the implementation of IFSPs under the direction of the special instructor, speech therapist, OT or PT.	High school diploma or GED	First Steps Early Intervention Associate Credential
Parent Advisor for children with sensory impairments	Provides parent education for parents of children who are blind, visually impaired, deaf or hearing impaired.	Bachelors Degree	Successful completion of parent education for parents of children with sensory impairments provided through the Missouri School for the Deaf and/or Missouri School for the Blind and First Steps Early Intervention Specialist credential.
Parent Mentor		High school diploma or GED and experience as a parent of a child with a disability	Successful completion of First Steps Parent Mentor Curriculum and First Steps Early Intervention Specialist
Physical Therapist		Bachelor's Degree	License issued by the State Board of Registration for the Healing Arts and First Steps Early Intervention Specialist Credential
Physical Therapist Assistant	Provides Physical Therapy services under the direction of a physical therapist.	60 hours prescribed course of study, Associate's degree	License issued by State Board of Registration for the Healing Arts and First Steps Early Intervention Associate Credential
Physician		Medical Degree	Physician licensed by the State Board of Registration for the Healing Arts
Psychologists		Master's Degree	Licensed by the State Committee of Psychologists and First Steps Early Intervention Specialist Credential
Intake or Service Coordinator		By 2003, Bachelor's Degree in early childhood special education, early childhood education, child/human development, social work, public health, nursing, and psychology.	Successful completion of First Steps Service Coordination Training Module and First Steps Early Intervention Specialist Credential

Intake or Service Coordinator Associate	Works under the supervision of a fully credentialed service coordinator	High school diploma or GED	Successful completion of First Steps Service Coordination Training Module and First Steps Early Intervention Associate Credential
Social Worker, Licensed Clinical		Master's degree	License issued by Missouri State Committee for Social Workers and First Steps Early Intervention Specialist Credential
Speech/Language Pathologist	.	Master's Degree and Certificate of Clinical Competency	License issued by the State Board of Registration for the Healing Arts and First Steps Early Intervention Specialist Credential
Speech/Language Pathology Associate	Assists with the implementation of IFSPs under the direction of a licensed speech/language pathologist.	Masters Degree	Working towards Certificate of Clinical Competency for licensure by State Board of Registration for the Healing Arts and First Steps Early Intervention Associate Credential
Special Instructor		Bachelor's Degree and documentation of meeting the competencies as defined by the Early Childhood Special Education Certificate	Special Education certification by the State Board of Education in ?? Early Childhood ?? Hearing Impaired ?? Severe Developmental Disabilities ?? Visually Impaired ?? Mentally Handicapped OR Bachelors Degree in Child Development AND One year documented experience with infants and toddlers with disabilities AND First Steps Early Intervention Specialist Credential

#### Steps to Bring Personnel into Compliance with Highest Standard

The following describes the steps Missouri is taking to bring personnel into compliance with the highest standards, the procedures for notifying public agencies and personnel of those steps, and timelines for requiring retraining or hiring of personnel that meet the State's requirements.

Until 2004, contracted providers as specified in the preceding chart will have two years to earn the Early Intervention credential. The timeline for completion begins with enrollment in the central finance office.

The State uses the following methods to notify the public about the steps it is taking to bring personnel into compliance with the highest standard:

1. public review of grant application;
2. regional provider forums;
3. SICC meetings and minutes;
4. newsletters and direct mailings; and,
5. presentations to professional organizations and faculties at universities and colleges.

Information concerning personnel standards for Missouri's early intervention system are maintained by the DESE, Division of Special Education. They are available for review by the public during regular office hours.

## **X. PROCEDURAL SAFEGUARDS**

### **GENERAL RESPONSIBILITY OF LEAD AGENCY FOR PROCEDURAL SAFEGUARDS** (34 CFR 303.400)

DESE, lead agency for Part C, is responsible for:

- (a) Establishing procedural safeguards that meet the requirements of this Subpart, and
- (b) Ensuring effective implementation of the safeguards by each public agency in the State involved in the provision of early intervention services.

### **DEFINITIONS OF CONSENT, NATIVE LANGUAGE, AND PERSONALLY IDENTIFIABLE INFORMATION** (34 CFR 303.401)

- (a) Consent means:
  - (1) parent(s) has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;
  - (2) parent(s) understands and agrees in writing to the activity for which consent is sought, and the consent describes that activity and lists records (if any) that will be released and to whom;
  - (3) parent(s) understands that consent is voluntary on part of the parent, and may be revoked at any time; and,
  - (4) parent(s) understands that he/she has the right to determine whether infant/toddler or other family members will accept or decline an early intervention service under this part in accordance with state law, without jeopardizing other early intervention services under this part.
- (b) Native language means the language or mode of communication normally used by the parent of a child eligible under this part.
- (c) Personally identifiable means that information that includes:
  - (1) the name of the child, the child's parent or other family member;
  - (2) the address of the child;
  - (3) a personal identifier, such as the child's or parent's social security number; and,
  - (4) a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

### **OPPORTUNITY TO EXAMINE RECORDS** (34 CFR 303.402)

Parents of eligible children are afforded the opportunity to examine/inspect/review records relating to evaluations and assessments, eligibility determination, development and implementation of IFSPs, individual complaints dealing with the child, and any other area involving records about the child and the child's family. Agencies maintaining such records must allow parents access without unnecessary delay. Parents also have the right to request an explanation of the records or to request to amend the records if the parents believe information is inaccurate or misleading. Parents may request a copy of their child's record and may be charged a fee to cover the cost of photocopying.

### **PRIOR NOTICE; NATIVE LANGUAGE** (34 CFR 303.403)

Written prior notice is given to parents a reasonable time before the public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of a child or the provision of early intervention services to the child and child's family. This written notice does not replace the obligation to verbally present the information to the family to ensure their understanding of the written materials.

This notice must be insufficient detail to inform parents about:

1. The action being proposed or refused;
2. The reasons for taking the action; and,



3. All procedural safeguards that are available.

The notice must be written in language understandable to the general public and be provided in the parent's native language unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the public agency or designated service provider shall take steps to ensure that:

1. the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
2. the parent understands the notice; and,
3. there is written evidence that the requirements of this paragraph have been met.

If a parent is deaf or blind, or has no written language, the mode of communication must be that which is normally used by the parent (such as sign language, Braille, or oral communication).

#### PARENT CONSENT (34 CFR 303.404)

The State of Missouri ensures that the contents of the IFSP shall be fully explained to parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the IFSP. If the parents do not provide consent for a particular early intervention service OR withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

#### PARENT RIGHT TO DECLINE SERVICE (34 CFR 303.405)

Parents of eligible children may determine if they, their child, or other family member will accept or decline any early intervention service under this part in accordance with state law and may decline such a service after first accepting it without jeopardizing other early intervention services under this part.

#### SURROGATE PARENTS (EDUCATIONAL SURROGATE) (34 CFR 303.406)

The Missouri Department of Elementary and Secondary Education has established the following for the appointment of surrogate parents:

##### 1) Identifying the Need for Appointment

Any person may advise a responsible public agency that an infant or toddler with a disability within its jurisdiction may be in need of a person to act as a surrogate parent. Notice can be given to the public agency responsible for system point of entry to Part C services for infants and toddlers with disabilities or directly to the Division of Special Education.

##### 2) Process of Appointment

When the system point of entry responsible for providing Part C services to infants and toddlers with disabilities is informed of an infant or toddler with disabilities living within its jurisdiction, it shall, within thirty (30) days, determine whether a surrogate parent should be appointed. A request for the appointment of a surrogate shall be made within ten (10) days to the Division of Special Education. The Division, on behalf of the State Board of Education, shall, within thirty (30) days, appoint a person to act as a surrogate parent. The Division shall maintain a registry of trained surrogate parents from which they will select individuals for appointment. If a surrogate parent dies, resigns, or is removed, within 15 days thereof, a replacement will be appointed.

##### B) Criteria for Appointment

The State Board of Education shall appoint a person to act as a surrogate for the parent or guardian of an infant or toddler with a disability as defined in Section 162.675, RSMo, when:

- a) the child has no identified parent, guardian, or person acting as parent;
- b) the child has parents who, after reasonable efforts, cannot be located by a public agency; and,
- c) the child is a ward of the state and is living in a facility or group home (and not with a person acting as a parent).

The Department will use the following definitions when determining child eligibility to receive a surrogate appointment:

- a. the term "parent" means a parent, a guardian, a person acting as parent of a student, or a surrogate parent who has been appointed. The term does not include the State if the student is a ward of the State; and,
- b. the term "person acting as a parent of a child" refers to relatives of the child or private individuals allowed to act as parents of a child by the child's natural parents or guardians. For example, a grandparent, neighbor, governess, friend, or private individual caring for the child with the explicit or implicit approval of the child's natural parent or guardian would qualify as "a person acting as a parent of a child." If a child is represented by such a person, no surrogate parent is needed.

C) Qualifications for Appointment

Any person who is appointed to act as a surrogate parent shall:

- a) be at least 18 years of age;
- b) not be an employee of the State Board of Education or any governmental entity having responsibility for the education or care of the child with disabilities (a person otherwise qualified to be a surrogate parent is not an employee of an agency simply because he or she is reimbursed to serve as a surrogate parent) but can be an employee of a nonpublic agency that provides only non-educational care for the child;
- c) be free from any interest that may conflict with the interests of the child represented; and,
- d) have knowledge and skills that ensure adequate representation of the child.

3) Surrogate Parent Training

All surrogate parents shall participate in a training session in which they will become familiar with the Missouri Surrogate Parent Program, acquire a basic understanding of the early intervention services provided through First Steps in Missouri, and develop the knowledge and skill necessary to adequately represent an infant or toddler. DESE shall provide the surrogate parent training.

4) Responsible System Point of Entry Responsibilities

Specifically, a responsible public agency shall:

- a) designate a staff member who will be responsible for overseeing the surrogate parent program in their geographic area.
- b) complete and return to DESE a "Determination of Need for Surrogate Appointment" form for each child believed to be eligible for receiving a surrogate appointment;
- c) assist DESE in recruiting surrogate parent volunteers and submit their names and addresses to DESE;
- d) be available to assist DESE with local surrogate parent training; and,
- e) complete and return to DESE an "Educational Surrogate Evaluation" form for each surrogate serving in the district.

5) Duties of the Surrogate Parent

An individual appointed to act as a surrogate parent shall:

- a) complete and return to DESE a Surrogate Parent Application and Verification of Eligibility form;
- b) attend a surrogate parent training session;
- c) represent their assigned child in all decisions relating to the child's early intervention including matters related to the identification, evaluation, and placement of the child, and,
- d) notify the system point of entry or DESE if any conflicts develop, or if they will no longer be able to fulfill their surrogate parent role.

6) Immunity from Liability

The person appointed to act as a surrogate parent shall be immune from liability for any civil damage arising from any act or omission in representing the child in any decision related to the child's early intervention. This immunity shall not apply to intentional conduct, wanton and willful conduct, or gross negligence.

7) Reimbursement

The person appointed to act as a surrogate parent shall be reimbursed by the State Board of Education for all reasonable and necessary expenses incurred as a result of his or her representation of an infant or toddler with a disability. Determination of "reasonable and necessary" expenses shall be made at the discretion of the Department and pursuant to State Office of Administration guidelines. Such expenses do not include attorney fees or child care/babysitting expenses.

8) Evaluation

DESE will send to each system point of entry an evaluation form to complete for each surrogate parent in which they will recommend the continuation or termination of the surrogate appointment. The system point of entry shall provide brief written discussions supporting a recommendation of termination and attach any existing documentation. Upon receipt of a recommendation of termination, the Division will investigate and reach a decision on whether to terminate.

9) Termination

The surrogate parent appointment shall be terminated at the request of the surrogate parent or in the event of any of the following situations:

- a) the conclusions of the initial educational evaluation indicate that the child does not qualify for receiving early intervention;
- b) the child's parent or guardian reappears to represent him or her, or wardship is terminated;
- c) the child is no longer in need of early intervention services;
- d) the child reaches the age three and is no longer eligible for early intervention;
- e) the surrogate parent fails to fulfill their responsibilities as defined by state and federal regulations; and,

RESOLUTION OF INDIVIDUAL CHILD COMPLAINTS BY IMPARTIAL DECISION MAKER  
(34 CFR 303.420)

The state system includes written procedures for the timely administrative resolution of individual child complaints by parents concerning any of the matters in 34 CFR 303.402 (a). The State meets this requirement by developing procedures that--

1. Meet the requirements in 34 CFR 303.421 through 303.425, and
2. Provide parents a means of filing a complaint.

Mediation is available to parents in the state of Missouri and the state has adopted the procedures listed below.

To initiate mediation:

Upon receipt of a request for due process hearing, the parents will be offered the opportunity to mediate their dispute. Mediation is voluntary and parties must agree to mediation. Mediation will be provided at no cost to either party. Mediation is not used to deny or delay a parent's right to a due process hearing under Section 303.420 or to deny or delay any other rights afforded under Part C of this Act.

The parties must mutually agree on a mediator from the trained mediator list maintained by the Department of Elementary and Secondary Education, Special Education Division.

- a) Mediation must be scheduled within fifteen days of the selection of a mediator.
- b) Mediation must be conducted at a time and place mutually agreed upon by the parties.
- c) Mediation must be completed within thirty days of the agreement to mediate.
- d) Any agreement reached during the mediation must be in writing and delivered to each party.

- e) No more than three persons can accompany each party unless the parties mutually agree on additional participants.
- f) No attorney shall participate or attend on behalf of any party at the mediation session. However, a lay advocate may accompany parents.
- g) Discussions held during a mediation session are confidential and cannot be used later as evidence in a due process hearing or civil action.

**Mediator qualifications:**

- a) Mediators must be impartial and free of any conflict of interest.
- b) Mediators shall not be employees of a public or private agency that is involved in the early intervention services for the child and/or family.
- c) Mediators must have knowledge of laws and regulations relating to the provision of appropriate early intervention service to infants and toddlers with disabilities.
- d) Mediators must have a minimum of 16 hours of training as a mediator.
- e) Mediators, to be placed on the Departments mediator list, must meet the above requirements and must agree to be compensated at a set rate.

Parties have the right to seek mediation of their disputes outside of the state mediation process and due process system. However, the DESE will only pay for mediation if the parties agree to it in connection with a due process request. Should the parties decide to mediate their disputes in the absence of a due process request, none of the state requirements for mediation apply.

Effect on Due Process Hearing timelines: the process for assigning a hearing officer and scheduling a due process hearing will occur simultaneously with the mediation process. In the event that the due process hearing is scheduled for a date prior to the date of the completion of the mediation, one or both of the parties will need to request, and obtain, an extension of the due process hearing time-line from the hearing officer if the desire is to proceed with the mediation.

Hearings to Resolve Individual Child Complaints (Due Process)

To initiate due process, a written statement of concerns must be submitted to the Director of Compliance, Division of Special Education, Department of Elementary and Secondary Education. Within thirty (30) days of receipt of this statement, a hearing will be held to review the concerns.

**Resolution will involve the following:**

1. The hearing will be conducted by a hearing officer named by the Assistant Commissioner, Division of Special Education, on behalf of the State Board of Education. This individual shall be knowledgeable of early intervention services for infants and toddlers and shall not be an employee of any state agency or service provider responsible for providing early intervention services to the individual child. There also shall be no personal or professional conflict of interest that would affect the person's objectivity in hearing the issue.
2. A record of the proceedings will be maintained and cross-examination is permitted. Both parties will be able to examine records and present information pertaining to the recommended action through testimony or exhibits. The hearing will be held at a time and location convenient to the family.
3. The individual conducting the hearing will listen to the presentations of the parties involved, examine relevant information and reach a resolution. All parties involved will receive a copy of this decision in writing.

The individual's decision will be mailed to the parties within thirty (30) calendar days after receipt of the concerns.

DESE, after deleting any personally identifying information will transmit the findings and decision to the State Interagency Coordinating Council established under 300.650 and publish the decision on the DESE website, thus making the findings and decisions available to the public.

APPOINTMENT OF AN IMPARTIAL PERSON (34 CFR 303.421)

An impartial person must be appointed to implement the complaint resolution process in this Subpart. The person must have knowledge about the provisions of Part C, of complaint management requirements, and the needs of, and services available for eligible children and their families, and perform the following duties:

1. listen to the presentation of relevant view points about the complaint, examine all information relevant to the issues and seek to reach a timely resolution of the complaint, and
2. provide a record of the proceedings, including a written decision.

As used in this section, impartial means that the person appointed to implement the complaint resolution process:

1. is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child or child's family, and
2. does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

A person who otherwise qualifies under this section is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process.

#### PARENT RIGHTS IN ADMINISTRATIVE PROCEEDINGS (34 CFR 303.422)

DESE ensures that the parents of children eligible under this part are afforded the rights in this section in any administrative proceedings carried out under 34 CFR 303.420 that include the following:

1. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under this part;
2. Present evidence, and confront, cross-examine, and compel the attendance of witnesses;
3. Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;
4. Obtain a written or electronic verbatim transcription of the proceedings; and,
5. Obtain written findings of fact and decisions.

#### CONVENIENCE OF PROCEEDINGS; TIMELINES (34 CFR 303.423)

Any proceeding for implementing the complaint resolution process is carried out at a time and place that is reasonably convenient to the parents. DESE ensures that no later than 30 days after the receipt of a parent's complaint, the impartial proceeding required under this section is completed and a written decision mailed to each of the parties.

#### CIVIL ACTION (34 CFR 303.425)

Any party aggrieved by the findings and decision regarding administrative complaint has the right to bring a civil action in State or Federal court.

#### STATUS OF A CHILD DURING PROCEEDINGS (34 CFR 303.425)

During the pendency of any proceeding involving a complaint under this section, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.

If the complaint involves an application for initial services under this part, the child must receive those services that are not in dispute.

#### CONFIDENTIALITY OF INFORMATION (34 CFR 303.460)

The State of Missouri has adopted policies and procedures that the agencies of the State will follow in order to ensure the protection of any personally identifiable information collected, used, or maintained, including right of parents or guardians to written notice of and written consent to the exchange of this information consistent with federal and state law.

These policies and procedures meet the requirements in 34 CFR 300.560 through 300.576, with the following modifications:

1. Any reference to the State educational agency means the lead agency under this part;

2. Any reference to special education, related services, free appropriate public education, free public education, or education means the provision of early intervention services to children eligible under this part and their families;
3. Any reference to participating agency when used in reference to a local educational agencies or intermediate educational units means local system points of entry, local service providers including service coordinators;
4. Any reference to 34 CFR 300.128 (Identification, Location and Evaluation of Children with Disabilities) means Regulations 303.164 and 303.321 (Comprehensive Child Find System); and,
5. Any reference to 34 CFR 300.129 (Confidentiality of Personally Identifiable Information) means this section (Confidentiality of Information).

#### CONFIDENTIALITY FROM IDEA-Part B (34 CFR 300.560-300.576)

##### DEFINITIONS (34 CFR 303.460)

Destruction means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.

Education records means records maintained by a public agency responsible for the provision of early intervention services, which pertain to the early intervention services provided to a child with a disability. The term includes medical, psychological, and educational reports but does not include records of instructional, educational, ancillary, supervisory, and administrative personnel which are the sole possession of the maker and which are not accessible or revealed to any other personnel, except another person who performs on a temporary basis the duties of the individual who made the record. The term includes test instruments or protocols/score sheets and a record of the test results only if they contain personally identifiable information. Copies of test protocols will only be provided if the failure to do so would effectively prevent the parent from exercising the right to inspect and revise the educational records. These records are defined as education records in FERPA.

Participating agency means any agency or institution, which collects, maintains, or uses personally identifiable information or from which information is obtained under this part. This includes the system point of entry (SPOE).

##### NOTICE TO PARENTS (34 CFR 300.561)

Notice to parents information is included in Section V, Comprehensive Child Find System, of this plan.

##### ACCESS RIGHTS (34 CFR 300.562)

The State of Missouri requires that each participating agency permit parents to inspect and review records related to their child which are collected, maintained or used by the agency under this part.

The agency must comply with a parental request without unnecessary delay, and prior to holding an IFSP meeting or hearing related to the identification, evaluation or placement of the child, and in no case more than 45 days after the request is made.

This right to inspect and review records includes:

1. The right to a response from the participating agency to reasonable requests for explanations and interpretations of the records;
2. The right to request that the agency provide copies of the records containing the information, if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and,
3. The right to have a representative of the parent inspect and review the records.

Agencies participating in Missouri's early intervention services system must recognize that the parent has authority to inspect and review records relating to his or her child unless the agency has been advised that the parent does not have the authority under State law governing guardianship, separation, and divorce.

#### RECORD OF ACCESS (34 CFR 300.563)

Each participating agency is required to keep a record of parties obtaining access to records collected, maintained, or used under this part (except access by parents and authorized employees of the participating agency), including the:

1. name of the party requesting access;
2. date of access; and,
3. purpose of access.

#### RECORDS ON MORE THAN ONE CHILD (34 CFR 300.564)

The State of Missouri requires that if any record includes information on more than one child, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information.

#### LIST OF TYPES AND LOCATIONS OF INFORMATION (34 CFR 300.565)

Each participating agency shall provide parents, on request, a list of the types and locations of records collected, maintained, or used by the agency.

#### FEES (34 CFR 300.566)

Each participating agency may charge a fee for copies of records which are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records. A fee may not be charged for the search for or retrieval of information.

#### AMENDMENT OF RECORD AT PARENT'S REQUEST (34 CFR 300.567)

A parent who believes that information in the records is inaccurate or misleading or violates the privacy or other rights of the child, may request the participating agency to amend the information.

The agency shall decide whether to amend the information in accordance with the request within a reasonable time of receipt of the request. If the agency decides to refuse to amend information in accordance with the request, it shall inform the parent of its refusal, and advise the parent of the right to a hearing under 34 CFR 300.568.

#### OPPORTUNITY FOR A HEARING (34 CFR 300.568)

The participating agency shall, on request, provide an opportunity for a hearing to challenge information in the records to insure that it is not inaccurate, misleading or otherwise in violation of the privacy or other rights of the child.

#### RESULT OF HEARING (34 CFR 300.569)

If as a result of the hearing described above, the agency determines that the information is inaccurate, misleading, or violates the privacy or other rights of the child, the agency shall amend the information accordingly, and so inform the parent in writing.

If, as a result of the hearing, the agency determines that the information is not inaccurate, misleading or otherwise in violation or the privacy of other rights of the child, the agency shall inform the parent of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.

Any explanation placed in the records of the child must be maintained by the agency as long as the child's record or contested portion is maintained by agency and, be disclosed, if the record or contested portion of the record is disclosed to any party.

#### HEARING PROCEDURES (34 CFR 300.570)

Any hearing held under 34 CFR 300.568 is conducted under procedures in Section 99.22 of Family Education Rights and Privacy Act (FERPA, 34 CFR Part 99).

#### CONSENT REGARDING PERSONALLY IDENTIFIABLE INFORMATION (34 CFR 300.571)

Written parental consent must be obtained before personally identifiable information is:

1. Disclosed to anyone other than officials of participating agencies collecting or using the information under this part; subject to 2 below; or
2. Used for any purpose other than meeting the requirements under this part.

An agency may not release information from records to participating agencies without parental consent unless authorized to do so under FERPA, Section 99.31.

#### SAFEGUARDS (34 CFR 300.572)

Each participating agency is required to protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages.

One official at each participating agency shall assume responsibility for ensuring the confidentiality of any personally identifiable information. Persons collecting or using personally identifiable information must receive training or instruction regarding the State's policies and procedures under 34 CFR 300.129 of Subpart B and 34 CFR 99.

Each participating agency shall maintain, for public inspection, a current listing of names and positions of those employees who may have access to personally identifiable information.

#### DESTRUCTION OF INFORMATION (34 CFR 300.573)

Each public agency shall inform parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide services.

The information must be destroyed at the request of the parents. However, permanent records of a child's name, address, and phone number may be maintained without time limitation.

In informing parents about their rights under this section, the agency should remind the parents that the child or the parents for social security benefits or other purposes may need the records.

#### ENFORCEMENT (34 CFR 300.575)

The Department of Elementary and Secondary Education, through the process of monitoring, will assure that each participating agency receiving and/or eligible for funds from Federal sources will have all such policies and procedures, as described herein, in effect. In the event an agency fails to comply with the provisions of IDEA-C, the Department of Elementary and Secondary Education may initiate actions to withhold the payment of Federal Funds available to the agency under IDEA-C.

### **XI. SUPERVISION AND MONITORING OF PROGRAMS**

DESE, as lead agency, is responsible for the general administration, supervision and monitoring of programs and activities receiving assistance under Part C to ensure compliance with Part C regulations.

DESE is also responsible for the monitoring of programs and activities used by the state to carry out this part, whether or not programs or activities are receiving assistance under Part C, to ensure compliance with Part C. The DESE fulfills this obligation through the following methods:

1. monitoring of agencies, institutions and organizations used by the State to carry out IDEA-C;
2. enforcement of any obligations imposed on those agencies under Part C;
3. providing technical assistance, if necessary, to those agencies, institutions and organizations; and,
4. correction of deficiencies that are identified through monitoring (through a corrective action plan process).

Monitoring activities include data collection, analysis and reporting, and periodic on-site reviews. Onsite reviews occur as needed to address complaints and/or problems identified. A system of peer review and self-assessment is also included in the monitoring procedures.

The Department of Elementary and Secondary Education documents any findings of noncompliance through written correspondence to the agencies. Agencies provide written corrective action plans to



comply with IDEA-C. Agencies may request technical assistance to assist in implementing policies and/or procedures to achieve compliance.

In the event an agency fails to comply with the provisions under Part C, the Department of Elementary and Secondary Education may initiate actions to withhold the payment of Federal and/or state funds available to the agency.

## **XII. LEAD AGENCY PROCEDURES FOR RESOLVING SYSTEMIC COMPLAINTS** **ADOPTING COMPLAINT PROCEDURES** (34 CFR 303.510)

DESE has adopted written procedures for receiving and resolving any written and signed complaint that any public agency or private service provider is violating a requirement of Part C. DESE informs parents and other interested individuals about the complaint procedures.

### **INFORMING PARENTS AND OTHER INTERESTED INDIVIDUALS OF COMPLAINT PROCEDURES** (34 CFR 303.510 (b))

Parents are specifically informed of the Missouri Part C Systems Complaint Procedures several times. The Parent Rights brochure is given and explained to parents when referred to the program, at the point of notice and consent for evaluation (identification), and at the point of notice and consent for placement or provision of early intervention services. Service coordinators also review parent rights when conducting IFSP reviews and whenever parents have questions.

Parents and other interested individuals including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities, are informed of the complaint procedures through a variety of public awareness activities, such as presentations, videos, and print materials. Information is also disseminated through advocacy councils, and the Missouri MR/DD Planning Council.

### **WHO MAY FILE A COMPLAINT** (34 CFR 303.511)

Any individual or organization, including an organization or individual from another State, may file a complaint with DESE. Sources of written complaints may be parents, service providers, advocates, service coordinators, members of the SICC, and/or employees of public agencies.

### **COMPLAINT PROCEDURES** (34 CFR 303.512)

**Statement of Jurisdiction:** DESE, as a grantee under Part C of the Individuals with Disabilities Education Act (IDEA) maintains procedures for receiving, investigating, and resolving complaints that statutes and/or regulations relating to Part C of IDEA have been violated. This process is administered through the Division of Special Education, and is known as the child complaint process.

**Limitations:** A complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received unless a longer period is reasonable because the violation is continuing, or compensatory services are applicable for a violation that occurred not more than three years prior to the date the complaint is received.

**Initiating a Complaint:** A child complaint must be filed in writing and must:

1. State facts describing an alleged violation of the IDEA-C or federal statutes and regulations applying to programs operated pursuant to the IDEA-C.
2. State the name, address, and phone number of the complainant as well as applicable information regarding the child involved. Individuals filing a complaint are not required to cite the Part C regulation that he or she alleges has been violated.

**Processing of Complaint Record:** Upon receipt, the complaint shall be reviewed by the Child Complaint Coordinator and necessary staff assigned to investigate it. The complaint shall also be entered into the complaint tracking system.

Investigation of the Complaint: The process of investigation shall include: staffing the complaint, providing notice of the complaint, data collection, and on-site visits where appropriate.

1. Notice: Upon receipt of a complaint, notice shall be sent to the agency against which the complaint is filed. The notice shall include a statement of the elements of the complaint, a description of the investigation process and, if possible, the details of any on-site visits, data requests, or phone interviews that are planned. The agency shall be invited to provide any relevant information.
2. Acknowledgement: Upon receipt of a complaint, a written acknowledgement shall be sent to the complainant and shall include a statement of the elements of the complaint, a description of the investigation process, and an invitation to provide any relevant information that the complainant wants considered.
3. Documentation Collection: Documentation requests and phone interviews will be the primary methods of data collection in the complaint investigation. The request will include documents relevant to the complaint. Additionally, persons who have filed the complaint are given the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.
5. On-site visits: If the lead agency determines that the investigation requires an on-site visit, separate notice to the agency shall be given. This notice may be given by phone, or may be in writing. The notice shall include a statement of the records to be made available, staff to be interviewed, and any need for access to school or agency facilities.

Investigation Time Lines: The Division of Special Education shall have, upon receipt of the complaint, sixty (60) calendar days to review all relevant information and issue a letter of findings whether the public or private agency is violating a requirement of Part C the regulations. The complaint coordinator, if exceptional circumstances exist with respect to the particular complaint, may grant extension of this time limit. If such an extension is given, notice shall be given to the complainant and the agency under investigation, with documentation of that notice to be maintained within the child complaint file.

Resolution of the Complaint: Resolution of a system complaint shall be through the issuance of a decision letter of findings by the Commissioner of Education, DESE. The Decision letter shall include findings of fact and conclusions, and provide reasons for the decision. These findings address each allegation in the complaint and reviews of the investigation results, including any information in an on-site investigation or from a data request. Technical assistance is available to implement any corrective actions ordered. The basis for resolution may be any one of the following:

- A. A decision that the party is in compliance.
- B. A decision that the party is out of compliance, but that voluntary corrective action has been taken requiring no further corrective action.
- C. A decision that the party is out of compliance and ordering a specific corrective action to be completed by a certain date.

REMEDIES FOR DENIAL OF APPROPRIATE SERVICES: In resolving a complaint in which it finds a failure to provide appropriate services, a lead agency, pursuant to its general supervisory authority under Part C of the Act, must address how to remediate the denial of those services, including as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family and appropriate future provision of services for all infants and toddlers with disabilities and their families.

Appeal Rights: The findings of the Commissioner of Education related to the complaint shall constitute a final decision of DESE.

### **XIII. POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS**

#### **POLICIES RELATED TO PAYMENT FOR SERVICE** (34 CFR 303.520)

The Missouri Department of Elementary and Secondary Education is responsible for policies related to payment of Early Intervention Services for eligible children. These policies are consistent with the funding policies as outlined in 34 CFR 303.520 (b).

The following functions and services are provided at no cost to parents:

1. child find activities;
2. evaluation and assessment for eligibility and IFSP planning purposes;
3. service coordination;
4. administrative and coordinative activities related to the development, review, and evaluation of IFSPs;
5. implementation of procedural safeguards and all components of the statewide system as outlined in Subpart D- Program and Service (definition of developmental delay, central directory, timetables, public awareness, child find, evaluation and assessment), and Subpart F-State Administration; and,

At this time, the following EIS are provided at no cost to parents:

1. family training, counseling, and home visits,
2. special instruction/developmental therapy,
3. speech/language pathology,
4. occupational therapy,
5. physical therapy,
6. psychological services,
7. medical services for diagnostic purposes only
8. social work/counseling services,
9. health services,
10. transportation,
11. audiology,
12. nursing services,
13. nutrition services,
14. vision services,
15. service coordination, and
16. assistive technology devices and assistive technology services.

The State of Missouri assures that fees are not charged for the services that a child is otherwise entitled to receive at no cost to parents and that the inability of parents to pay for services will not result in the denial of services to a child or the child's family. Services that are not subject to fees include: child find activities; evaluation and assessment; service coordination; and implementation of procedural safeguards.

All First Steps providers must be recognized and enrolled providers with the state's Medicaid agency for those services covered under the state's Medicaid State Plan. For those children who are eligible or enrolled in Medicaid, the cost for services incurred in the eligibility determination process, IFSP planning and development, and service delivery for those covered services will be paid for by Medicaid.

#### Enrollment in Medicaid and Use of Part C Funds

Federal regulations for Part C of the Individuals with Disabilities Education Act stipulate that funds under this part are to be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source. (34 CFR 303.527)

Medicaid funds are a required source of payment for early intervention services when appropriate for children dually enrolled in Medicaid and First Steps. All service coordinators, intake and/or ongoing, are required to inform families that they believe are potentially Medicaid eligible of the benefits of the Medicaid program and urge their participation if eligible. Families cannot be required to enroll in Medicaid as a condition to receive early intervention services. However, if Medicaid enrolled families elect to not access an available Medicaid provider for early intervention services, Part C funds cannot pay for the early intervention services. Families enrolled in Medicaid must be informed of this.

#### IDENTIFICATION AND COORDINATION OF RESOURCES (34 CFR 303.522)

DESE is responsible for the identification and coordination of all available resources for early intervention services within the state, including those from Federal, State, local and private sources and updating the information on funding sources if a legislative or policy change occurs.

The Federal funding sources available for the Part C program include:

1. Title V of the Social Security Act (relating to Maternal and Child Health);
2. Title XIX of the Social Security Act (relating to the General Medicaid Program and EPSDT);
3. The Head Start Act;
4. Parts B and C of the IDEA;
5. Subpart 2 of Part D of Chapter 1 of Title 1 of the Elementary and Secondary Education Act of 1965, as amended;
6. The Developmentally Disabled Assistance and Bill of Rights Act, (PL 94-103); and,
7. other Federal Programs, including but not limited to Title XXI, the state Children's Health Insurance Program, Temporary Assistance to Needy Families (TANF), Title IV, the Child Care Development Fund, Early Head Start, etc.

The following represents state and local funding sources for the Part C system in Missouri:

1. general revenue funds;
2. private insurance with written parental consent unless Title XIX or V eligible;
3. private agency support; and,
5. local foundations.

#### DELIVERY OF SERVICES IN A TIMELY MANNER (34 CFR 303.525)

DESE has developed the following procedures to ensure services are provided in a timely manner pending resolution of disputes among public agencies or service providers.

Pending resolution of a dispute, DESE will utilize Part C funds to directly pay for services. DESE will conduct a review with parties involved. The assignment of financial responsibility will be reviewed by an interagency panel consisting of appropriate staff members designated by the appropriate director(s) of the state agencies.

The panel will provide a recommendation of their decision to the Commissioner of Education and appropriate Department directors who will render a decision. This decision will reassign the fiscal responsibility to the appropriate agency and make arrangements to reimburse expenditures incurred by DESE. In the event the decision is not satisfactory, the parties involved may refer the dispute to the Governor. Services will continue to be provided during the resolution of the dispute at this level.

#### REIMBURSEMENT PROCEDURES (34 CFR 303.528)

A central finance office will be developed as part of the redesign effort. All bills for early intervention services will flow through this entity. Should Part C funds be necessary to support a service to prevent a delay in service provision, the participating agencies may use Part C funds to pay the provider of services, pending timely reimbursement from the agency or entity that has ultimate responsibility for the payment. Agencies will use their internal accounting and auditing procedures to comply with this regulation not to exceed 60 days.

### **XIV. INTERAGENCY AGREEMENTS; RESOLUTION OF INDIVIDUAL DISPUTES**

#### INTERAGENCY AGREEMENTS (34 CFR 303.523)

Formal interagency agreements with other agencies to assist in the implementation of the Part C system include the following:

1. the financial responsibility of each agency for paying for early intervention services that is consistent with state law and Part C requirements;

2. the procedures for achieving a timely resolution of intra- and interagency disputes about payments for a given service(s) or other aspects of the State's early intervention program. The procedures include a mechanism for making a final determination that is binding upon agencies involved;
3. the process that permits each state agency participating in the State's early intervention program to resolve any internal disputes so long as the agency does so in a timely manner. Should an agency be unable to resolve its own internal dispute in a timely manner through their own agency's dispute resolution procedures, DESE will follow the following procedures in achieving resolution of intra-agency disputes; and,
4. any additional components necessary to ensure effective cooperation and coordination among all agencies involved in the State's early intervention program.

#### RESOLUTION OF DISPUTES (34 CFR 303.524)

DESE is responsible for resolving disputes according to procedures in 34 CFR 303.523 (c) (2) (ii). During the pendency of a dispute, DESE is responsible for assigning financial responsibility to an agency or to itself as lead agency, in accordance with the payor of last resort provisions in 34 CFR 303.527. If during the resolution of the dispute, the financial designee determines that the assignment of financial responsibility was inappropriately made, the financial designee shall reassign the responsibility to the appropriate agency and the lead agency (DESE) shall make arrangements for reimbursement of any expenditure incurred by the agency originally assigned responsibility.

The dispute will be reviewed by an interagency panel consisting of appropriate staff members designated by the appropriate Director(s) of the state agencies and the Commissioner of Education who will together render a decision. In the event the decision is not satisfactory, the parties involved may refer the dispute to the Governor.

#### PAYOR OF LAST RESORT (34 CFR 303.527)

All funding policies as identified in the Interagency Agreement conform with the following:

1. Nonsubstitution of funds--Part C funds may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source unless that services' source of payment is under dispute. Part C funds may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.
2. Interim payments/reimbursement--In order to prevent a delay in the timely provision of services, Part C funds may be used to pay the provider of services pending reimbursement from the agency or entity that has ultimate responsibility for the payment. Payment may be made for:
  - a. early intervention services,
  - b. eligible health services, and
  - c. other functions and services authorized by Part C including child find, evaluation, and assessment. This provision does not apply to medical services or well-baby care.
3. Non-reduction of benefits--Medical or other assistance that is available to the State under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for eligible children) may not be reduced.

If the dispute is in regard to fiscal responsibility the following will be implemented. The assignment of financial responsibility will be determined by an interagency panel consisting of appropriate staff members designated by the directors of the participating state agencies. The panel will recommend their decision to the Commissioner of Education and appropriate Department Director(s) who will render a decision. Their decision will:

1. reassign the fiscal responsibility to the appropriate agency, and
2. make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

In the event that the decision is not satisfactory, the review process shall include:

1. referring the dispute to the Governor, and

2. implementing the procedures to ensure that services are provided to eligible children and their families in a timely manner, pending resolution of disputes among public agencies or service providers as required under 34 CFR 303.525.

**XV. POLICY FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICES  
(34 CFR 303.526)**

DESE has established the following policies for contracting or making other arrangements with public or private service providers to provide early intervention services. DESE will review contractual arrangements of the participating state agencies as part of the monitoring process.

1. Public agencies must follow State Purchasing Regulations-RSMo Chapter 34 and their respective Departmental rules.
2. Agencies with whom DESE contracts must have knowledge of PL105-17, Part C and follow all applicable regulations and rules. All early intervention services must meet State standards and be consistent with provisions of Part C. Individuals or agencies that contract to provide early intervention services must meet personnel standards and provide services consistent with Part C requirements.

**XVI. DATA COLLECTION**

The current system points of entry collect data required under Part C.

DESE provides data as required in section 676 (b) (14) and 618 of the Act, and other data as requested at the time and manner as specified by the Secretary of Education.

**XVII. NATURAL ENVIRONMENTS**

The State of Missouri assures that, to the maximum extent appropriate, early intervention services are provided in the natural environments; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when the early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. The policy and procedures under IFSP and in Appendix A are consistent with Section 636(d)(5).

## **Appendix A**

### **Operational Policies:**

Equipment and/or Assistive Technology Devices  
Use of Private Insurance  
Early Intervention Services in Natural Environments  
IFSP Service Guidelines



**Policy No. 1**  
**Equipment and/or Assistive Technology Devices**

Materials, equipment, and supplies may be purchased. Equipment, materials, and supplies purchased with First Steps funds are restricted in use to infants and toddlers with disabilities eligible for Part C services.

INVENTORY CONTROL, UTILIZATION, AND DISPOSITION OF MATERIALS, SUPPLIES, AND EQUIPMENT (45 CFR, Part 74, Subpart O, Sections 74.130-74.145) (EDGAR)

Federal regulations describe property, other than real property, in two (2) categories: "equipment" and "supplies".

**Equipment**

"Equipment" means items that are electrical or mechanical in nature or function and have a useful life of at least a year and cost more than \$1000 per unit. This definition includes the following types of items:

- A. equipment/assistive technology devices costing \$1000 or more per unit;
- B. any other items such as "kits", "set", etc., which cost \$1000 or more per unit, and which have a useful life of more than one year.

When \$1,000 or more of First Steps funds are used toward the purchase of equipment and/or assistive technology devices, the equipment and/or devices are considered to be public property.

**Requirements of the Inventory Control System**

The following federal requirements must be followed in the establishment and maintenance of an inventory control system for equipment and/or assistive technology devices.

- A. Property records shall be maintained accurately. For each item of equipment, the records shall include:
  - 1) a description of the equipment, including manufacturer's model number, if any;
  - 2) an identification number, such as the manufacturer's serial number;
  - 3) identification of the contract under which the recipient acquired the equipment and/or assistive technology device;
  - 4) the information needed to calculate the federal share of the equipment; (see Section 74.142)
  - 5) acquisition date and unit acquisition cost;
  - 6) location, use, and condition of the equipment and the date the information was reported; and,
  - 7) all pertinent information on the ultimate transfer, replacement, or disposition of the equipment.
- B. A physical inventory of equipment shall be taken and the results reconciled with the property records at least once every two (2) years to verify the existence, current utilization, and continued need for the equipment and/or assistive technology device. A statistical sampling basis is acceptable. Any differences between quantities determined by the physical inspection and those shown in the accounting records shall be investigated to determine the causes of the differences.
- C. A control system shall be in effect to ensure adequate safeguards to prevent loss, damage, or theft of the equipment. Any loss, damage, or theft of equipment shall be investigated and fully documented.
- D. Adequate maintenance procedures shall be implemented to keep the equipment in good condition.

- E. Where equipment is to be sold and the federal government is to have a right to part or all of the proceeds, selling procedures shall be established which will provide for competition to the extent practicable and result in the highest possible return.

#### Disposition of Equipment

If the equipment and/or assistive technology device is not needed by First Steps and can continue to be used by the child, the device may be loaned (temporary basis, device remains on the First Steps inventory) or transferred (permanent basis; device is removed from the First Steps inventory and added to the school inventory) to the school district in which the child is enrolling for early childhood special education (ECSE). If the child is not eligible for ECSE or is not transitioning to the public school for other reasons, the device may be transferred to another child in the First Steps system or to an assistive technology bank for future use.

Only when a device no longer has any use for the program or has no fair market value, the device may be disposed by a state agency, following state procedures for disposition of state property.

#### Supplies

"Supplies" means items not electrical or mechanical in nature or function that cost \$1000 or less per unit. This includes items that have a useful life of less than a year. Usually material items are expended, consumed, wear out or deteriorate, or otherwise lose their identity.

#### Disposition of Supplies

If supplies exceeding \$1,000 in total aggregate market value are left over upon termination or expiration of contract for which they were acquired and the supplies are not needed for any project or program currently or previously sponsored by the federal government, the grant shall be credited by an amount computed by multiplying the federal share of the supplies times the current market value or, if the supplies are sold, the proceeds from sale. If the supplies are sold, ten (10) percent of the proceeds may be deducted and retained from the credit, for selling and handling expenses.

#### Requirement for Local Auditor's Review and Statement

- A. During the annual review made by the local auditor, a review must be made of IDEA-C inventory control according to standard auditing procedures.
- B. The local auditor must state in his/her audit report that "state and federal rules applicable to inventory control of materials and equipment are followed and that the agency is in compliance with applicable federal requirements of the program".

## **Policy 2**

### **Use of Private Insurance**

The Federal Department of Education Policy Interpretation titled, "Use of Insurance Proceeds" states: "Both Part B and Section 504 prohibit a public agency from requiring parents, where they would incur a financial cost, to use insurance proceeds to pay for services that must be provided to a handicapped child under the "free appropriate public education (FAPE) requirements of those statutes. The use of parents' insurance proceeds to pay for services in these circumstances must be voluntary on the part of the parents." 45 Federal Register 86390, dated 12/30/80

While use of private insurance is voluntary, consent must meet the definition of informed consent. Parents must be fully aware of the risks associated with the use of private insurance under FAPE. Part C does not require FAPE; however, there are some limitations in regard to costs to parents. Multidisciplinary evaluations to determine eligibility, the development of an IFSP, and service coordination must be provided at no cost to the family.

This policy applies to all families that are eligible for Part C services in Missouri and have private insurance. Agencies may access private insurance for payment of early intervention services when parents have given their informed consent. This consent must be voluntary. Agencies may not compel parents to file a claim when this action would cause the parents to suffer a financial loss. Financial loss would include, but not be limited to, the following:

1. A decrease in available lifetime coverage or any other benefit under an insurance policy;
2. An increase in premiums or the discontinuation of the policy; or,
3. An out-of-pocket expense such as the payment of a deductible amount incurred in filing a claim.

Financial losses do not include incidental costs such as time needed to file an insurance claim or the postage needed to mail the claim.

State agencies can bill private insurance for evaluations completed to determine the child's eligibility only if the parent has given their informed consent and the state assumes responsibility for any deductible or co-payments.

Insurance can be billed for any assessment or early intervention service that is provided after the child is determined eligible and has an IFSP in place. Families must give their informed consent for this access to insurance and cannot be responsible for deductibles or co-payments.

### **Policy 3** **Natural Environments**

Public Law 105-17, the 1997 Amendments to the Individuals with Disabilities Education Act, added a new requirement to the content of an Individualized Family Service Plan (IFSP). All IFSPs must contain a statement of the natural environments in which early intervention services shall be appropriately provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment.

Reasons for not providing early intervention services in the child's natural environment shall not be based upon:

- age of child
- diagnosis of child
- administrative convenience
- source of payment for service
- availability of service providers
- family preference
- service provider preference

#### **Procedures**

1. IFSP multidisciplinary teams need to first identify the family and the child's daily routines before identifying the location of early intervention services. For example, if the family works outside of the home, then the child may spend his or her day at a childcare center or with a sitter (unless the child care is provided in the child's home). If there is a parent who does not work outside of the home, the natural environment for that child may be the home. Early intervention services are to support the child's functioning in those daily routines—not create new or atypical routines that the family would usually not do.
2. IFSP multidisciplinary teams are required to fully discuss the variety of options available for service delivery to support the daily routines of the child and family. **The first location of services to be considered is the child's natural environment** (locations where the child lives, learns, plays and spend time on a daily basis). Parents must be fully informed of all options and understand the nature of the intervention in order to make an informed decision. The IFSP team will also determine what supplemental supports must be provided in the natural environment by First Steps in order for the child to meet the outcomes identified in the IFSP.
3. If the team feels that the home is not conducive to the delivery of early intervention services for safety or other reasons, or the family does not want services in the home, the team must identify another natural environment for service delivery. The child's home is not the only option for service delivery.
4. There must be documentation by the IFSP multidisciplinary team that early intervention could not be satisfactorily achieved in a natural environment before moving to a different location. Further clarification by the Office of Special Education, U.S. Department of Education indicates that IFSP teams can only choose to deliver early intervention outside of the natural environment when early intervention cannot be satisfactorily achieved in the child's natural environment.
5. If a parent decides to enroll his or her child in a setting other than the one specified in the IFSP, First Steps funds (state or federal ) may not be used to provide services in that setting.
6. In the rare instance that the IFSP multidisciplinary team determines that early intervention services are to be provided in a setting that is not the child's natural environment, the justification for such action must include:
  - a. an explanation of how and why the IFSP team determined that the child's outcomes could not be met in the child's natural environment;

- b. how services provided in this location will be generalized to support the child's ability to function in his or her natural environment; and
- c. a plan, with timelines and the supports necessary documented, to allow the child's outcomes to be satisfactorily achieved in his or her natural environments. This plan must be reviewed and updated each time the IFSP is reviewed (at a minimum, every six months).

## **Policy 4**

### **IFSP Service Guidelines**

IFSP multidisciplinary teams are responsible for developing a plan of services that reflects efforts to increase the capacity of the family to enhance the growth and development of the child and that draws upon all resources of the community, both informal and formal. IFSP services are identified and planned on an individual child and family basis, depending upon the unique needs of the child and the concerns, priorities, and resources of the family. Once services have been identified to respond to the outcomes, the IFSP should review the service guidelines to determine if written justification is required in the IFSP. The guidelines do not remove the obligation of IFSP teams to develop appropriate services to meet individual needs nor diminish the decision-making authority of the IFSP team. They serve as a guide that should be applied after the IFSP is completed to determine if justification is needed to document the IFSP team decisions.

Federal law requires that early intervention services, which may enhance the child's development, be identified during the evaluation/assessment process. However, early intervention services provided through the First Steps program are based upon a combination of factors: 1) the unique developmental need of the individual child, 2) the present functioning of the individual child, 3) the priorities, concerns and resources of the family, and 4) the family outcomes that are expected to be achieved. The outcomes articulated by the multidisciplinary team are the driving force in the IFSP and are used to identify supports and services that will help the family to achieve each outcome. All team members--families, service coordinators and other service providers alike--share in the decision-making process.

There are a number of factors that do NOT bear consideration when determining the type, frequency and intensity of early intervention services. These include:

- 1) eligibility factors such as medical diagnosis, degree of developmental delay or other conditions that determined eligibility;
- 2) availability of an individual service;
- 3) availability of a program of services that a provider may offer as a standard service package;
- 4) need for childcare or respite services; and,
- 5) funding sources (e.g., Medicaid, Part C, or other sources of funding)

If an IFSP reflects more services than the guidelines suggest, the following questions must be answered in writing by the IFSP team and maintained in the child's record:

- 1) What specific results are expected that warrant increased amounts of service?
- 2) What are the specific factors about this child and the interventions recommended that lead the team to determine more services are needed?
- 3) What strategies will be utilized to carry over the formal therapy into other environments (generalization across settings) that enhance the functionality of the skill?

In the case that the documentation for services in excess of the guidelines is not maintained in the child's file, the service coordinator is responsible for bringing the IFSP team together to reconsider the plan of services and, if appropriate, revise the IFSP. Complete documentation of this meeting must be maintained in the file. This meeting triggers an IFSP meeting notification requirement and may result in requiring other Notice/Parent Rights requirements.

The IFSP team must discuss and record the need for individual services or group services.

1. In order for the provision of services in a group setting, the IFSP team must discuss and record in the IFSP an explanation of how the child will benefit from group instruction. This includes:

- a. How participating in a group of children will help the child progress toward meeting the outcome(s) listed in the IFSP,
  - b. How the child will interact with the other children in the group, and
  - c. What the other children in the group will be doing that is of benefit to the child.
2. If the IFSP team determines that a child needs to participate in a group in order to achieve an outcome such as socialization or language, and the child is not included in any group setting, First Steps can arrange for the child to participate with other children in a community setting such as a child care program for the time specified on the IFSP. The First Steps program must provide appropriate support and technical assistance for the child to be successful in participating and interacting with other children in the group and to maximize the benefits of group instruction.

## **IFSP SERVICE GUIDELINES**

The following guidelines and process for determining levels of early intervention services apply to all children eligible for First Steps. These guidelines are based upon current national research on the efficacy of early intervention.

Children ages' birth to 3 who have an eligible condition and are functioning below the expected range of typical development(20% -50%) in one or more developmental areas.

O-16 total hours of early intervention service(s) per month in any combination (Special Instruction, OT, PT, Speech/Language services, etc.) This includes direct therapy with the child and consultative services with the family and/or caregiver.

Children ages' birth to 3, with or without a condition, who have a developmental delay of 50% or more in at least one area of development.

O-24 total hours of early intervention service(s) per month in any combination (Special Instruction, OT, PT, Speech/Language services, etc.) This includes direct therapy with the child and consultative services with the family and/or caregiver.

**All IFSP teams must document the strategies that will be employed within the plan to assure that services reflect opportunities to increase the family's capacity to enhance their child's growth and development.**



**Note 1:** IFSP teams determine the level of early intervention services such as occupational therapy, physical therapy and/or nursing service needed to support the outcomes that have been chosen by the team through the IFSP process. Teams often deal with prescriptions from a physician for a specific number of hours of OT and/or PT. Typically, the physician has made this recommendation for specialized therapy or nursing service based upon the need for medical follow up or treatment of a condition and those recommendations are made outside of the IFSP team discussions.

Teams may need to clarify what is the purpose for the prescription—is it to promote functioning in the natural environment? What was happening with the child prior to the recommendation? Is it for post-surgical rehabilitation and treatment? Does the service address a unique developmental need that has been identified in the IFSP? Does the service support a specific outcome chosen by the family?

The definitions distinguish between the health services that are required under this part and the medical-health services that are not required. The IFSP requirements provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under this part.

The IFSP team is expected to consider any prescription for therapy services and discuss what is needed to support the outcomes. That may mean that only a portion of the hours prescribed are in fact an early intervention service that the First Steps system is responsible to provide. The remaining amount of therapy is an “other service”. First Steps is not responsible for ongoing medical services under any circumstance.

## Appendix C

### **Education Department General Administrative Regulations (EDGAR) Definitions**

Section 303.24 EDGAR definitions that apply

The following terms used in this part are defined in 34 CFR 77.1 and 74.3:

Applicant: means a party requesting a grant or subgrant under a program of the Department

Award: means an amount of funds that the Department provides under a grant or contract

Contract: means (except as used in the definitions for “grant” and “subgrant” in this section and except where qualified by “Federal”) a procurement contract under a grant or subgrant, and “subcontract” means a procurement subcontract under such a contract.

Department: means the US Department of Education

EDGAR: means the Education Department General Administrative Regulations (34 CFR Parts 74, 75, 76, 77, and 78).

Fiscal year: means the Federal fiscal year—a period beginning on October 1 and ending on the following September 30.

Grant: means an award of financial assistance in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient. The term includes such financial assistance when provided by contract, but does not include any Federal procurements subject to the procurement regulations in 41 CFR, nor does it include technical assistance, which provides services instead of money, or other assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct appropriations. Also, the term does not include assistance, such as fellowship or other lump sum award, which the recipient is not required to account for on an actual cost basis.

Grantee: means the government, nonprofit corporation, or other legal entity to which a grant is awarded and which is accountable to the Federal Government for the use of the funds provided. The grantee is the entire legal entity even if only a particular component of the entity is designated in the award document. For example, a grant award document may name as the grantee an agency or a State, or one school or campus of a university. In these cases, the granting agency usually intends or actually requires that the named component assume primary or sole responsibility for administering the grant award document shall not be construed as relieving the whole legal entity from accountability to the Federal government for the use of the funds provided. (This definition is not intended to affect the eligibility provisions of grant programs in which eligibility is limited to organizations, such as State education agencies, which may be the only components of a legal entity.) The term “grantee” does not include any secondary recipients such as subgrantees, contractors, etc., who may receive funds from a grantee pursuant to a grant.

Grant period: means the period for which funds have been awarded.

Private: as applied to an agency, organization, or institution, means that is not under Federal or public supervision or control.

Public: as applied to an agency, organization, or institution, means that the agency, organization, or institution is under the administrative supervision or control of a government other than the Federal government.

Secretary:

ans the Secretary of the Department of Education or an official or employee of the Department acting  
for the Secretary under a delegation of authority. me

(Authority: 20 USC 1471 et.)

## NOTICE OF AVAILABILITY OF APPLICATIONS AND PUBLIC HEARINGS

The Missouri Department of Elementary and Secondary Education has prepared an application for the Individuals with Disabilities Education Act (IDEA), Part C (children birth-three years of age). States desiring to receive Federal funds to support early intervention services under Part C of IDEA must submit an application for the funds. The Missouri Department of Elementary and Secondary Education will hold two public hearings concerning the Fiscal Year 2000 Annual Application for federal funds available for infants and toddlers under Part C of IDEA. The purpose of these hearings is to review the proposed application for funds to serve infants and toddlers with disabilities.

Hearings are scheduled as follows:

June 9, 2000 10:00 am – 12:00 pm Developmental Center of the Ozarks, 1545 E. Pythian, Springfield

June 13, 2000 10:00 am – 12:00 pm Children's Center Campus, 3101 Main St., Kansas City, MO

June 15, 2000 1:00 pm – 3:00 pm Special School District, Room 60, 12110 Clayton Road, St. Louis

Individuals who require special accommodations to attend a public hearing need to contact the Director of Early Childhood Special Education at the Missouri Department of Elementary and Secondary Education at least 72 hours prior to the event. (Telephone 573/751-0187)

A copy of the proposed grant application is available for inspection and review during regular office hours at the following locations: Office of the Assistant Commissioner, Division of Special Education, Missouri Department of Elementary and Secondary Education, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102, (573) 751-0187 or RELAY in Missouri: 1-800-735-2966 TDD. Additionally, the document may be viewed at the following Regional Centers for Mental Retardation and Developmental Disabilities, Department of Mental Health.

Albany  
13<sup>th</sup> & Maple, Route 1  
Albany, MO 64402

Rolla  
105 Fairgrounds Road  
Rolla, MO 65402

Kansas City  
821 East Admiral Blvd.  
Kansas City, MO 64106

Poplar Bluff  
2351 Kannel Blvd.  
Poplar Bluff, MO 63902

Central Missouri  
1500 Vandiver Drive, Suite 100  
Columbia, MO 65202

Sikeston  
112 Plaza Drive  
Sikeston, MO 63801

Joplin Regional Center  
3600 E. Newman Road  
Joplin, MO 64802

St. Louis  
211 North Lindbergh  
St. Louis, MO 63141

Springfield  
1515 East Pythian  
Springfield, MO 65801

Hannibal  
805 Clinic Road  
Hannibal, MO 63401

Kirksville  
1702 E. LaHarpe St.  
Kirksville, MO 63501

A copy of the proposed grant application is available for inspection and review on the Internet at [www.dese.services/speced](http://www.dese.services/speced).

Written comments regarding the grant application may be submitted to the Director, Early Childhood Special Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, Missouri 65102 or e-mail [pgoff@mail.dese.state.mo.us](mailto:pgoff@mail.dese.state.mo.us) through June 9, 2000.

Following the 60-day period for comment, the application will be considered by the State Board of Education and submitted to the U.S. Department of Education for review.

The Missouri Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5<sup>th</sup> Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.